

Name

*Lena Berkley Ardinger*  
 Town *Ferry* *Berkley Co*

CERTIFICATE OF DEATH

*W. Va.*  
 MARYLAND

Died at

Date

of death *1907 July*Day  
*15*

Age

Years

Months

Days

*3*

Sex

*Female*Color or  
Race*White*Birth-  
place*Ferry*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*John W. Ardinger*Father's  
Birthplace*Ferry*Mother's  
Maiden Name*Dora B. Kennedy*Mother's  
Birthplace*Marlow*Name of person giving  
Information*John W. Ardinger*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Malnutrition*

How long

*three days -*

Immediate

*Prostration*

How long

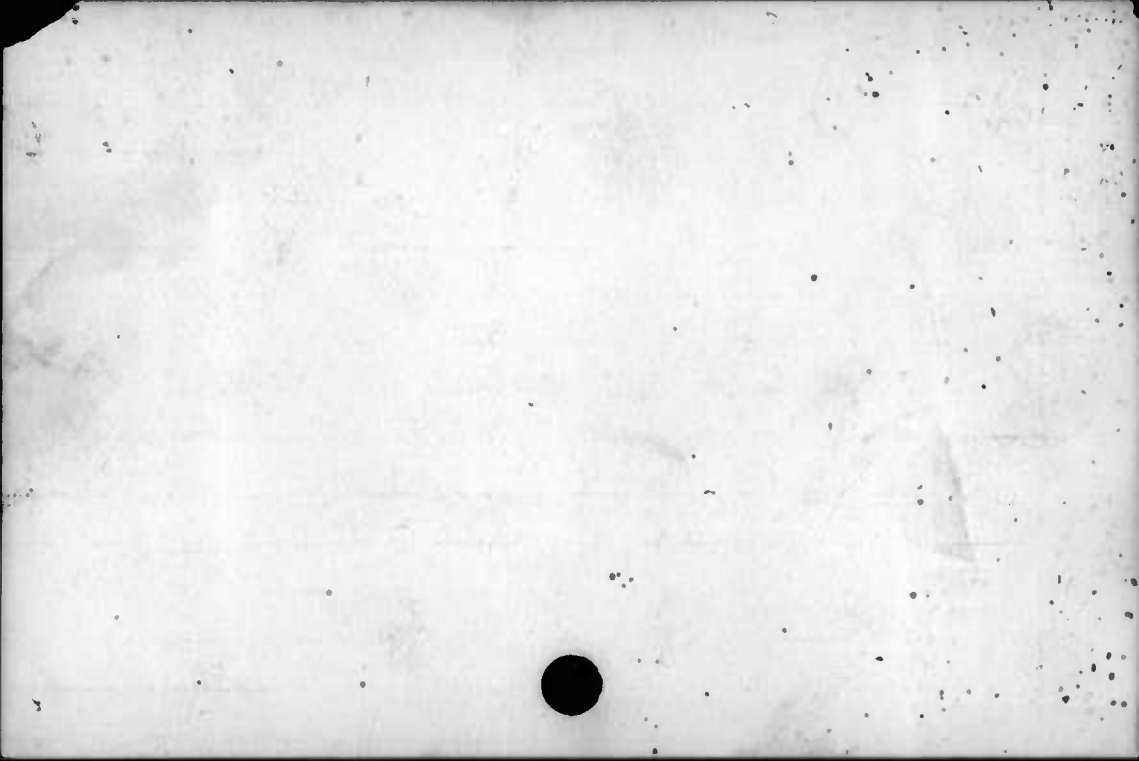
*one day -*Are the name, age, sex, color, date  
and place correctly given above?*Yes.*Signature of  
Physician*W. S. Richardson*

Address

*Williamsport Md.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Moses Bluman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

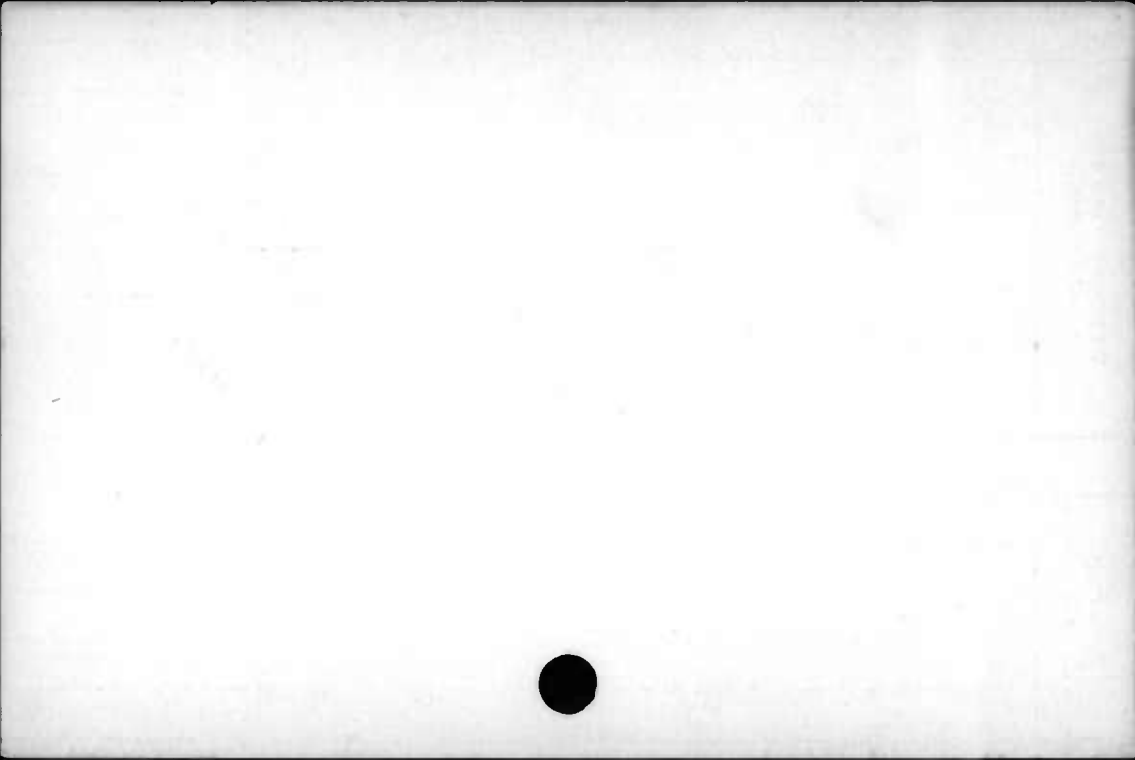
Died at <i>Loudon</i>		Town <i>Loudon</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>July</i>	Day <i>3</i>	Age <i>64</i>	Years <i>6</i>	Months <i>3</i>	Days <i>3</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Garrett Co.</i>			
Occupation <i>Miner</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mrs. Nancy Bluman</i>					
Father's Name <i>George Bluman</i>				Father's Birthplace <i>Garrett Co.</i>			
Mother's Maiden Name <i>Margaret Lodge</i>				Mother's Birthplace <i>Garrett Co.</i>			
Name of person giving information <i>Mrs. Elsie Spike</i>				How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Bronchitis</i>	How long	<i>6 years</i>
Immediate	<i>Pneumonia</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Henry M. Hedges M.D.</i>	
		Address <i>Loudon Ind.</i>	
Accident or Suicide? <i>No</i>			



Name  
in  
Full

Beathley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

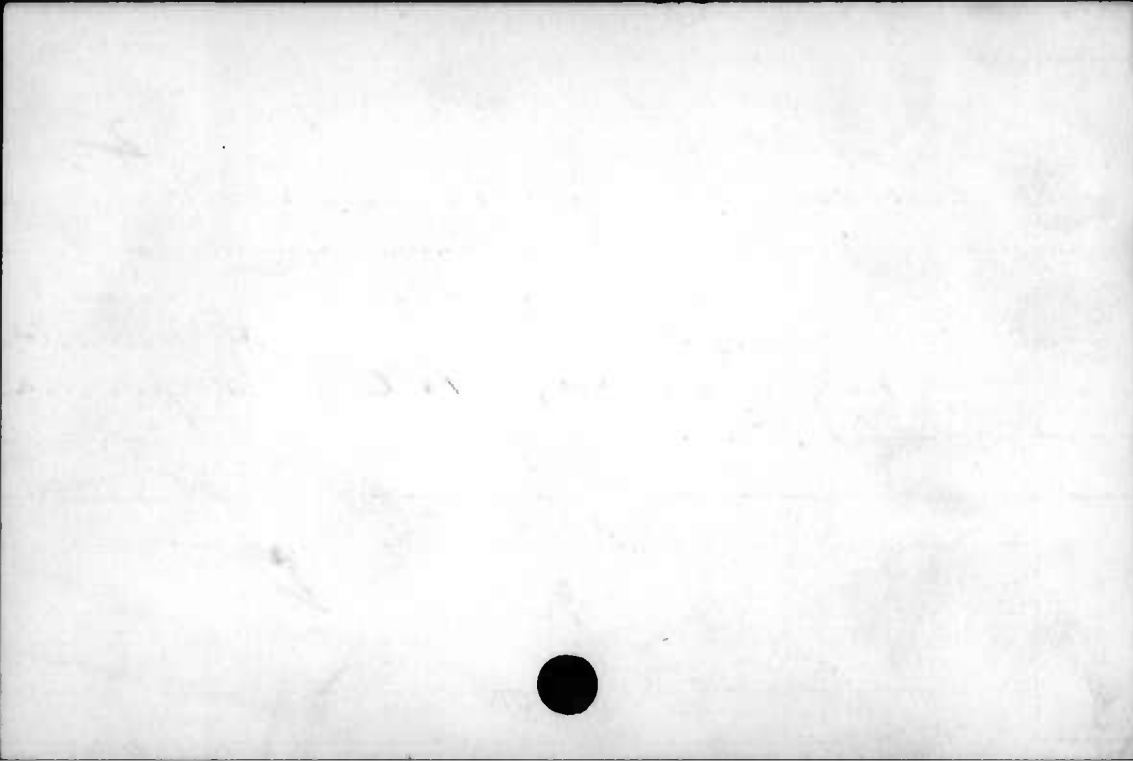
Died at		Town		County		MARYLAND	
Date of death	1907	Month	7	Day	19	Age	Years
Sex		Color or Race		Birth-place		Days	
Male		White		Cumb		7	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
James E Beathley				Winchester			
Mother's Maiden Name				Mother's Birthplace			
Lizzie B Luthrill				Morgan			
Name of person giving information				How related to deceased			
J. E. Beathley				Father			

CAUSES OF DEATH

176

PHYSICIAN  
OR CORONER

Primary	Injury during labor -	How long	
Immediate	Brain Pressure	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes -		J. E. Beathley	
		Address	
		Cumberland	
		Md.	
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtunda</i>		Town <i>alligany</i>		County		MARYLAND	
Date of death	1907	Month	July	Day	11	Age	Years
Sex	Female	Color or Race	White	Birth-place		Cumberland Md	
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed	Single	Name or Wife or Husband			(S)		
Father's Name	John Birmingham			Father's Birthplace Maryland			
Mother's Maiden Name	Jennie Flannigan			Mother's Birthplace Ireland			
Name of person giving information	John Birmingham			How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	still birth	(S)	How long
Immediate	still birth		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. L. Shale M.D.
Address	134 Da Ave		Cumtunda
Accident or Suicide?			

LOUIS STEIN





Name  
in  
Full

Bernard J. Blough

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

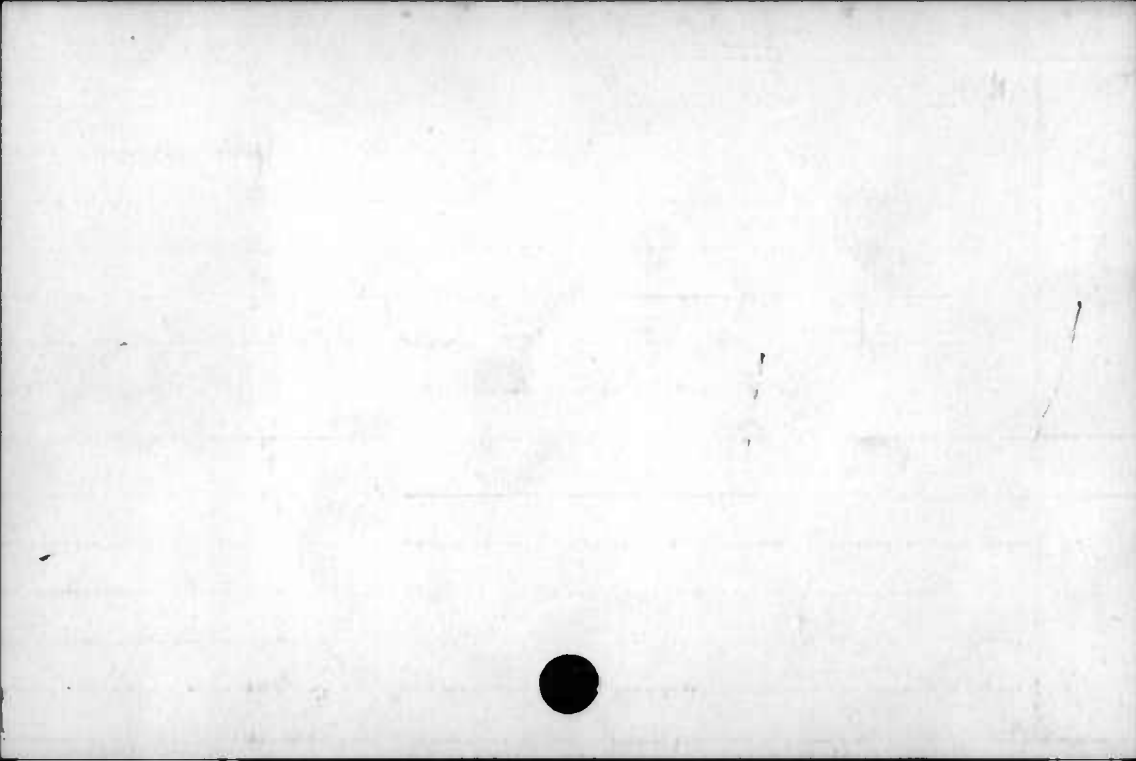
Died at <i>Cumt</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1907	Month <i>July</i>	Day <i>31</i>	Age <i>-</i>	Years <i>one</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cumt</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		Father's Birthplace <i>Pa</i>		
Father's Name <i>Leo J. Blough</i>			Mother's Birthplace <i>Cumt</i>		
Mother's Maiden Name <i>May H. Leible</i>			How related to deceased <i>Father</i>		
Name of person giving information <i>Leo J. Blough</i>					

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Cholera - infantum</i>	How long	<i>2 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>18 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. R. Hodges M.D.</i>
		Address	<i>Hodges Cumberland</i>
Accident or Suicide?			<i>Md.</i>



Name  
in  
Full

Annie R Brantle

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *new Annapolis*<sup>County</sup> *Allen*

Date

of death *1907*Month *7*Day *30*

Age

Years *69*

Months

Days

Sex

*Female*Color or  
Race*White*Birth-  
place*Washington Co*

Occupation

*None*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*John E Brantle*Father's  
Birthplace*Md*Mother's  
Maiden Name*Don't know*Mother's  
Birthplace*Washington*Name of person giving  
in information*Geo Harris*How related  
to deceased*Not at all*

CAUSES OF DEATH

*64*

Primary

*Apoplexy*

How long

*1 day*

Immediate

*Exhaustion*

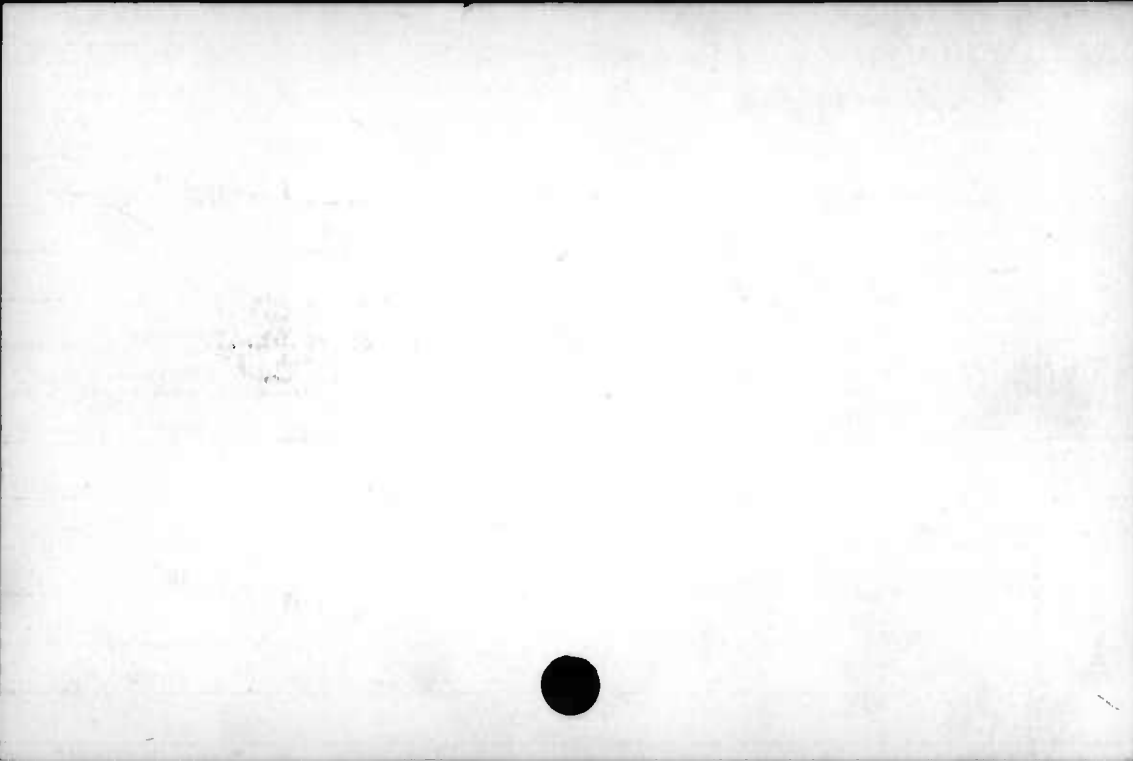
How long

*1 day*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*W. D. Purse  
Annapolis  
Md*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

**Mrs. F. A. Bray,**

Died at **Cumtunda** **all day** **MARYLAND**

Date of death **1907** **July** **22** **Age** **69** **Months** **—** **Days** **—**

Sex **Female** **Color or Race** **White** **Birth-place** **Ireland**

Occupation **None** **Where Residing if not at place of death** **—**

Married, Single or Widowed **Unknown** **Name of Wife or Husband** **Unknown**

Father's Name **Unknown** **Father's Birthplace** **Unknown**

Mother's Maiden Name **Unknown** **Mother's Birthplace** **Unknown**

Name of person giving information **Geo. Hice, supt** **How related deceased** **Stepson**

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

**Primary** **old age** **How long** **—**

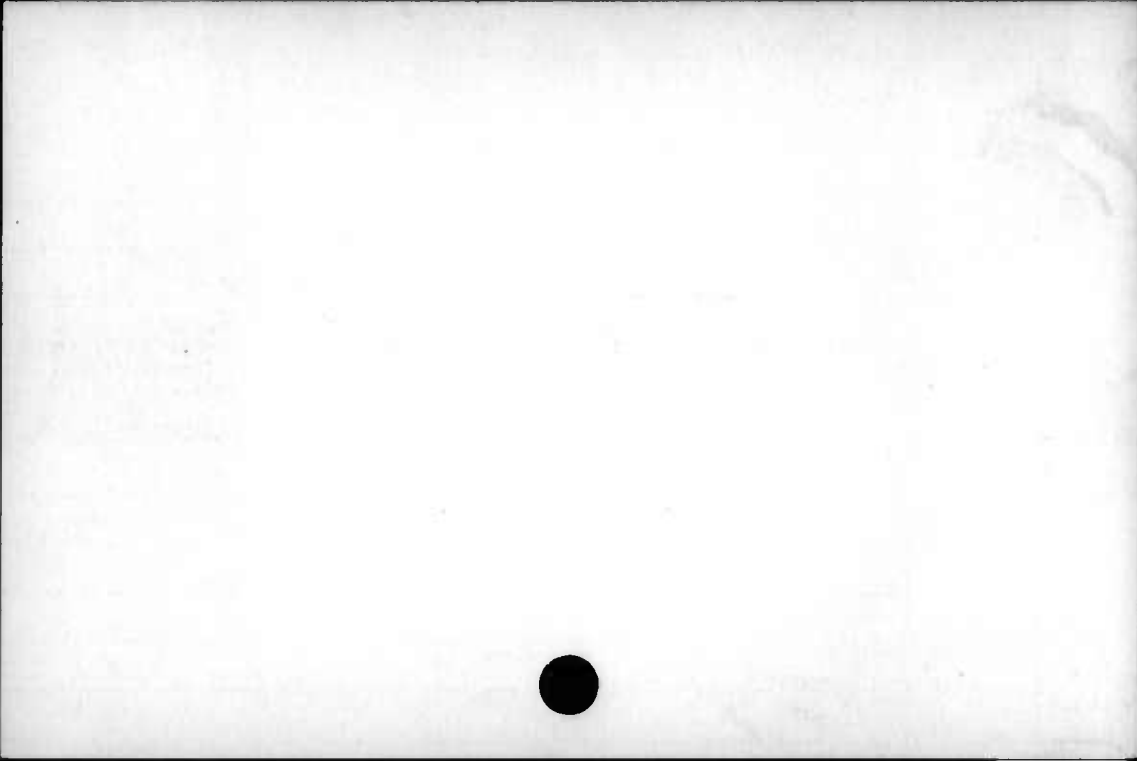
**Immediate** **Exhaustion** **How long** **—**

Are the name, age, sex, color, date and place correctly given above? **Yes**

**Signature of Physician** **W. F. Tierney,**

**Address** **Cumtunda** **MD**

**Accident or Suicide?** **—**



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

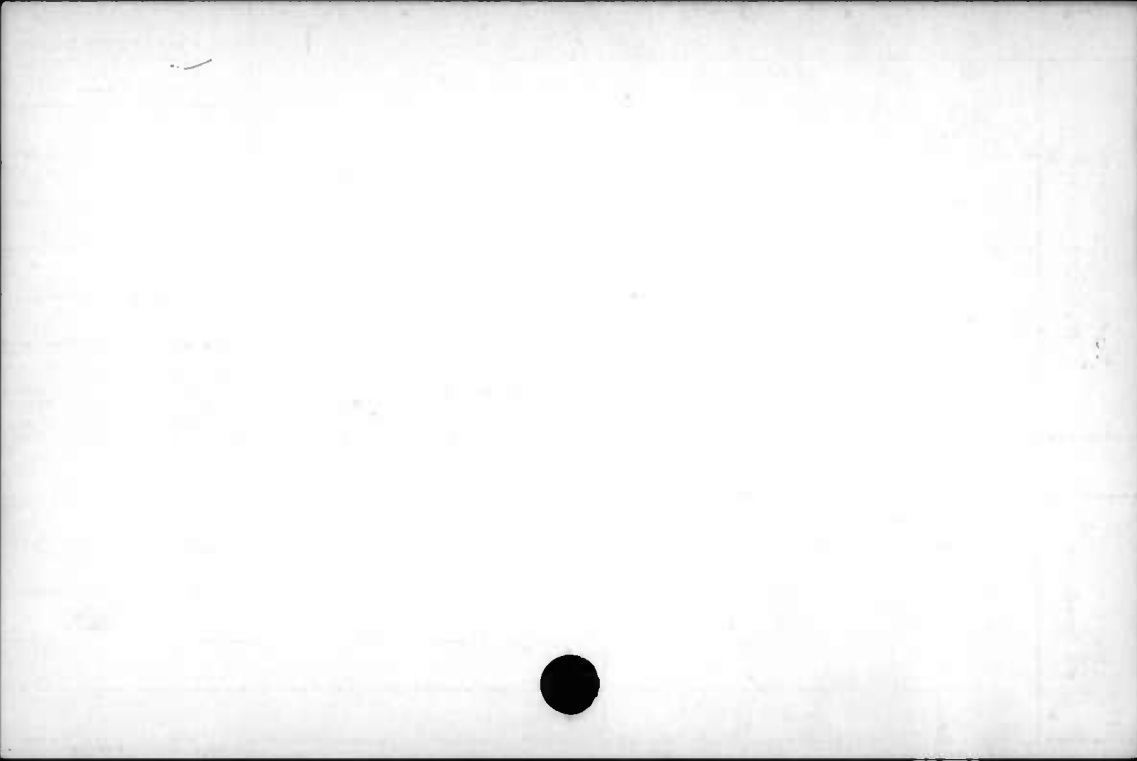
Died at <i>C. vills Creek</i>		County <i>Alleghany</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>7.</i>	Day <i>8</i>	Years <i>21</i>	Months	Days
Sex <i>mail</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Labor</i>	Where Residing if not at place of death <i>Cumberland Md</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Don't Know</i>	Father's Birthplace <i>Don't Know</i>				
Mother's Maiden Name <i>Don't Know</i>	Mother's Birthplace <i>Don't Know</i>				
Name of person giving information			How related to deceased		

CAUSES OF DEATH

*172*

PHYSICIAN  
OR CORONER

Primary <i>Drowned in C &amp; Canal</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Matz, Coroner</i>
	Address <i>Cumberland Md</i>
Accident or Suicide? <i>accidental</i>	<i>Ma</i>





Name in Full		Daughter of Phellis Brode				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Hoffman		County Allegany		MARYLAND	
	Date of death	1907	Month 7	Day 11	Age —	Years —	Months —
	Sex	A.		Color or Race	W.		Birth-place Md
	Occupation	—			Where Residing if not at place of death —		
	Married, Single or Widowed	Single		Name of Wife or Husband —			
	Father's Name	Phellis Brode				Father's Birthplace Md	
	Mother's Maiden Name	Elizabeth Sheerman				Mother's Birthplace Md	
Name of person giving information	George P. Brode				How related to deceased Nephew		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; padding: 5px; width: 100px; margin: 0 auto;">157</div>							
PHYSICIAN OR CORONER	Primary	Inability to digest any food				How long	9 days
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician Dr W M Lane		
					Address Frostburg Md		
Accident or Suicide?							

~~H.~~

Walter Lammont

Name  
in  
Full

Charles E. L. Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Cumberd		County		Allegany		MARYLAND	
Date of death		1907	Month	July	Day	30	Age	Years	Months
									3
Sex		Male		Color or Race		White		Birth-place	
								Cumberd	
Occupation				None		Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband		None			
Father's Name		George L. Brown		Father's Birthplace		Martins F. Ohio			
Mother's Maiden Name		Lillian M. Scarlet		Mother's Birthplace		Harpers Ferry			
Name of person giving information		George L. Brown		How related to deceased		Father.			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Anterior Colitis	How long	10 days
Immediate	meningitis	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		O. F. Plunkett	
Address		Cumberland Md	
Accident or Suicide?		Duke	

43 Wine St.

Please sign.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

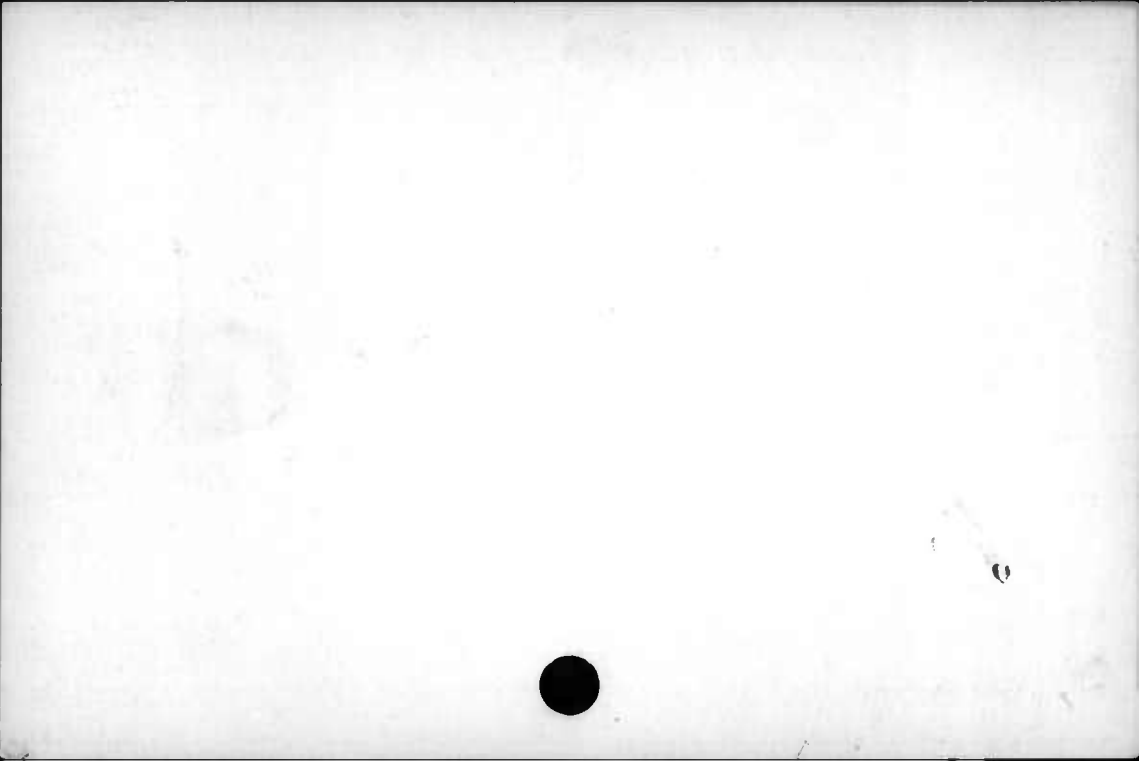
Name in Full <i>Roy Brown</i>		Town <i>Cumberland</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Cumberland</i>		Month <i>July</i>		Day <i>4</i>		Age <i>10</i>	
Date of death <i>1907</i>		Months <i>—</i>		Years <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>School boy</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Monroe Brown</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Wesley Rice</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>Monroe Brown</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

(93)

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>		How long <i>Two weeks</i>	
Immediate <i>Exhaustion</i>		How long <i>1 week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. F. T. 94</i>	
		Address <i>Cumberland MD</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

Nora Elizabeth Conner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Burr

Town

County

MARYLAND

Date

of death

Month

Day

Age

Years

Months

Days

1907 July 7

—

6

Sex

Occupation

Female

Color or  
Race

White

Birth-  
place

Md

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

James Conner

Father's  
Birthplace

Md

Mother's  
Maiden Name

Mary Rice

Mother's  
Birthplace

Md

Name of person giving  
In formation

James Conner

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Meningitis

(61)

How long

10 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Thos. H. Frow

Address

Burrhead  
Md

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

Bessie Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumberland</u> <sup>Town</sup>		<u>Allegany</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	<u>July</u> <sup>Month</sup>	<u>18</u> <sup>Day</sup>	Age <u>      </u> <sup>Years</sup>	<u>2</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Cumbrd.</u>		
Occupation <u>None</u>	Where Residing if not at place of death <u>      </u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Dart. Sifour</u>	Father's Birthplace <u>Dart. know</u>				
Mother's Maiden Name <u>Bessie Davis</u>	Mother's Birthplace <u>      </u>				
Name of person giving information <u>Mary Rhodes</u>	How related to deceased <u>none</u>				

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <u>Cholera - infantum</u>	How long <u>2 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>No</u>	Signature of Physician <u>W. R. Hodges M.D.</u>
<u>stem</u>	Address <u>Cumberland, Md.</u>
Accident or Suicide? <u>      </u>	<u>Hodges.</u>

William L. Briggs  
Frederic L. Jones  
James L. Jones  
James L. Jones

John L. Jones  
John L. Jones

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

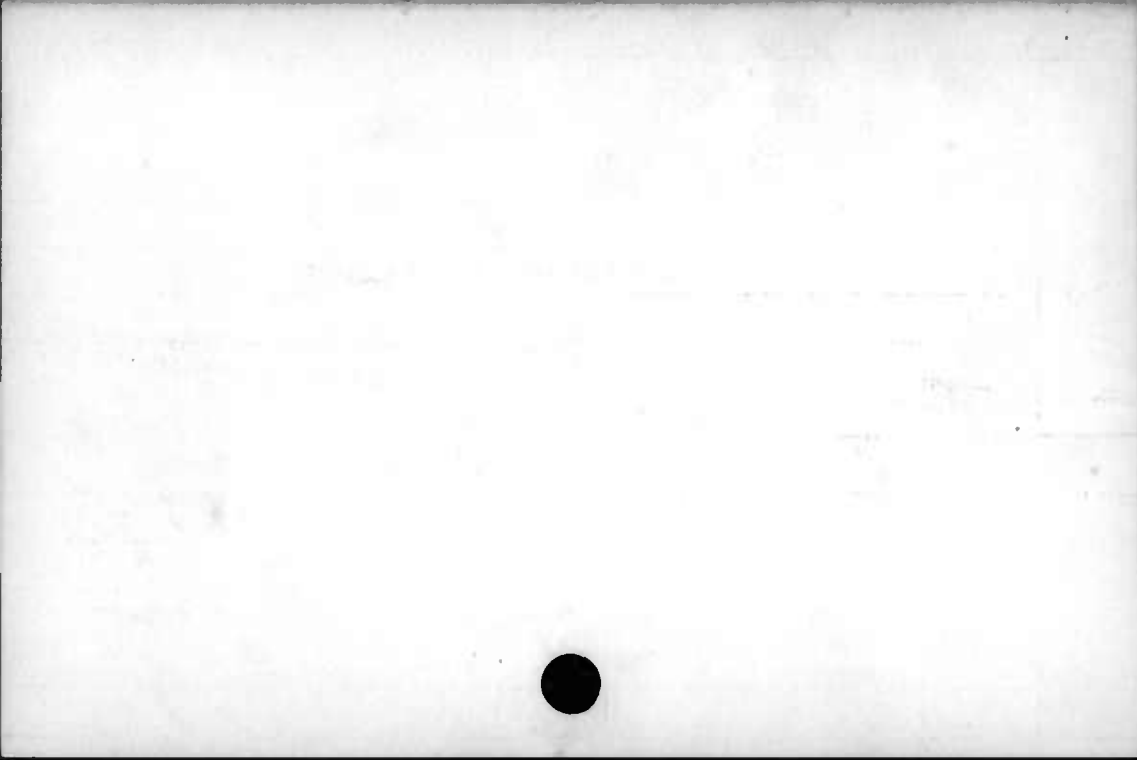
Died at <u>Cumberland</u> Town <u>A</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>7</u>	Day <u>17</u>	Age <u>6</u> Years Months <u>6</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Cumberland</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>	
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Walter Davis</u>	Father's Birthplace <u>Cumberland</u>		
Mother's Maiden Name <u>Violet Hite</u>	Mother's Birthplace <u>—</u>		
Name of person giving information <u>Mrs Jannie Hite</u>	Relationship to deceased <u>Aunt</u>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <u>Enterocolitis</u>	How long <u>10 days</u>
Immediate <u>Cholera</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Thos. Phares</u>
	Address <u>Cumberland</u>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

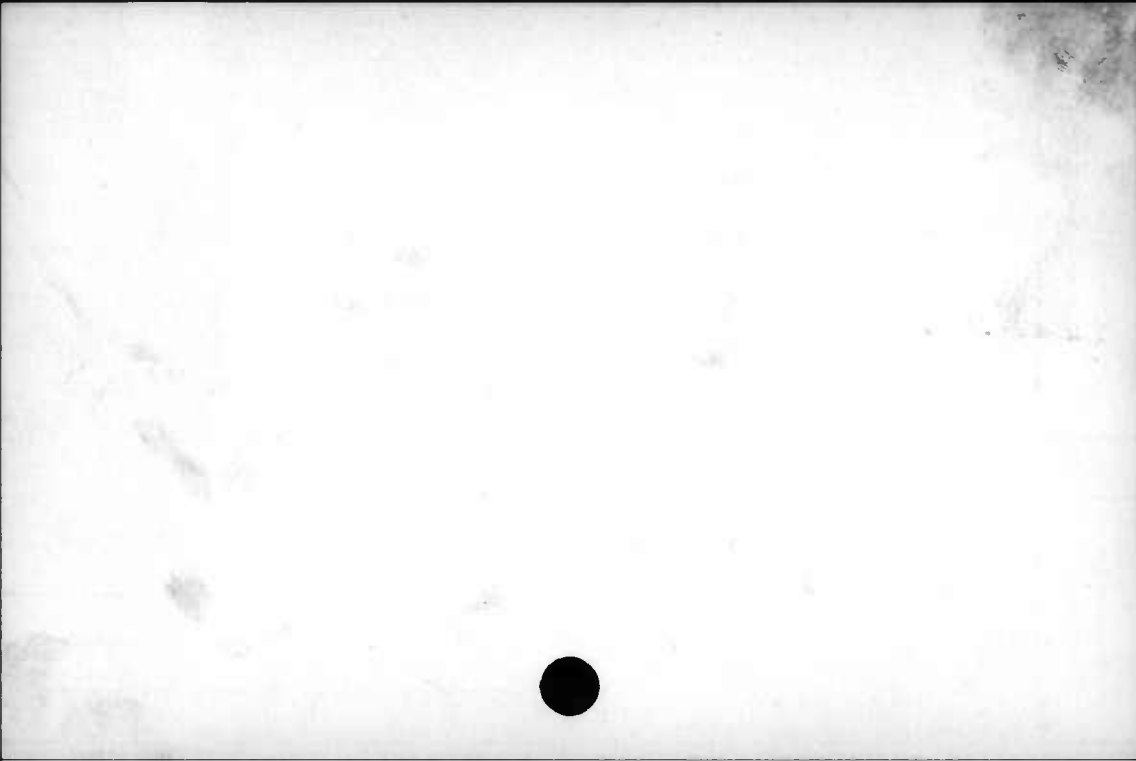
Name in Full <i>Edna May Dean</i>		Town <i>Linnequin</i>		County <i>Alligany</i>		State <i>MARYLAND</i>	
Died at <i>Linnequin</i>		Date of death <i>1907</i>		Age <i>3</i>		Months <i>7</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Linnequin</i>		Days <i>24</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
<input checked="" type="checkbox"/> Married Single or Widowed		Name of Wife or Husband <i>—</i>					
Father's Name <i>E. Guy Dean</i>		Father's Birthplace <i>Clinton</i>					
Mother's Maiden Name <i>Myrtle Cutler</i>		Mother's Birthplace <i>Linnequin</i>					
Name of person giving information <i>Myrtle Cutler</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

36

PHYSICIAN  
OR CORONER

Primary <i>Alcoholic poisoning</i>	How long <i>24 hrs</i>
Immediate <i>Heart failure</i>	How long <i>11, 11</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Kitting</i>
	Address <i>Linnequin</i>
Accident or Suicide? <i>Accident</i>	



Name  
in  
Full

*May Dinges*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

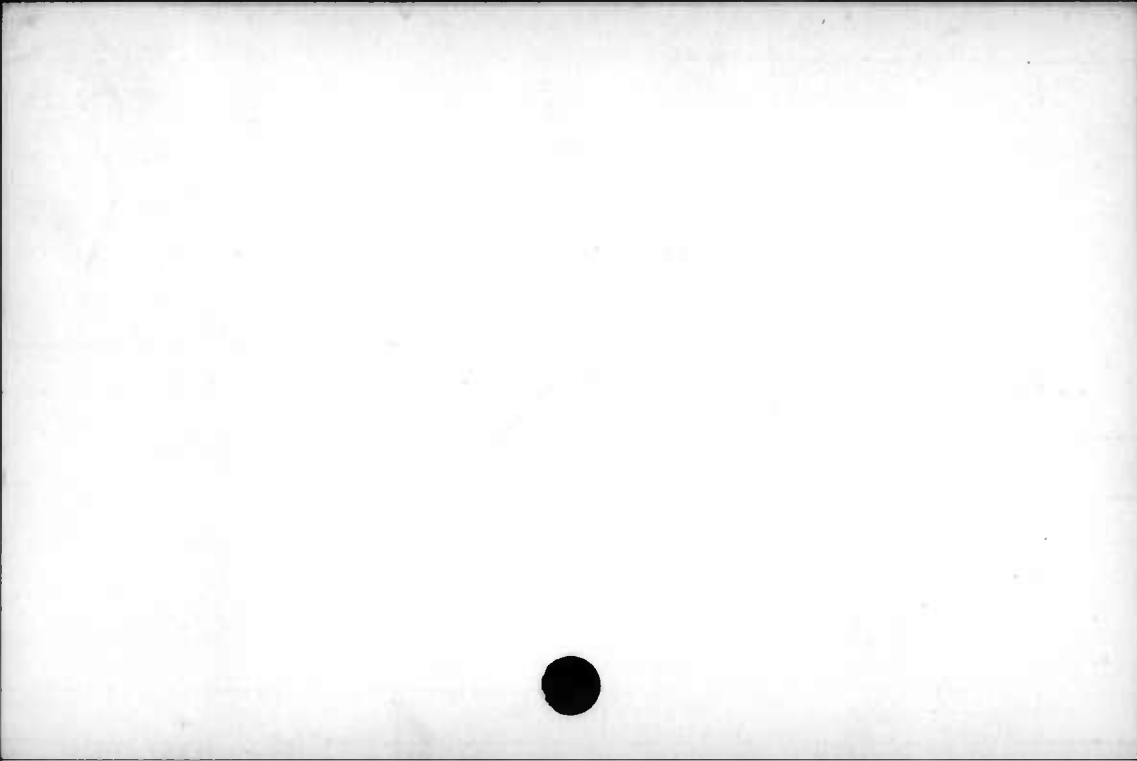
Died at <i>Green</i> Town		<i>Alle</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>24</i>	Age <i>5</i> Years	Months <i>5</i> Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>		
Occupation <i>none</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>William Dinges</i>	Father's Birthplace <i>Va</i>		Mother's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Clara Washington</i>	How related to deceased <i>Grandfather</i>				
Name of person giving information <i>E H Washington</i>					

CAUSES OF DEATH

**105**

PHYSICIAN  
OR CORONER

Primary	<i>Cholera infantum</i>	How long <i>12 days.</i>
Immediate	<i>Exhaustion</i>	How long <i>2 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>George Hearn</i>
		Address <i>63 N. Duane St.</i>
Accident or Suicide?		<i>Spunk</i>





Name  
in  
Full

Clementine Campbell Elbeck

## CERTIFICATE OF DEATH

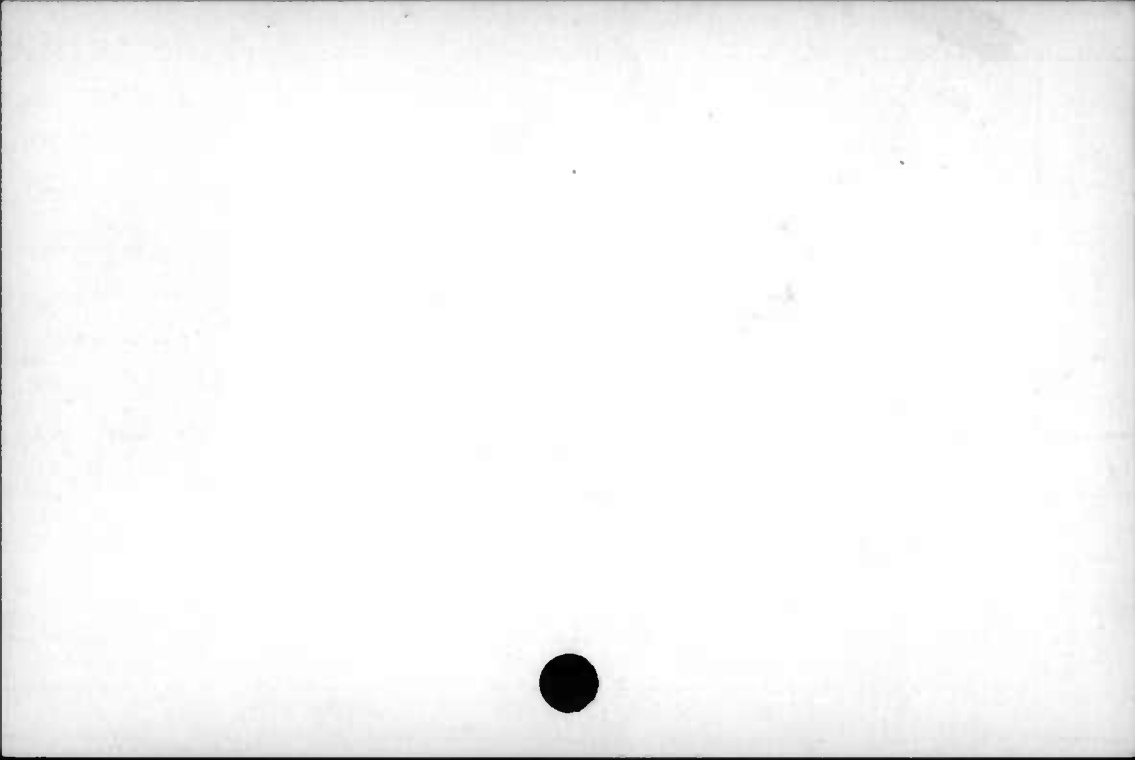
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Sonoma</u> Town		<u>Allegany</u> County		MARYLAND	
Date of death	1907	Month	July	Day	28
Age	Years		Months	Days	
Sex	Female		Color or Race	White	
Occupation			Birth-place	Sonoma, Ind.	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Charles Elbeck		
Mother's Maiden Name			Molly McKee		
Name of person giving information			Charles Elbeck		
Father's Birthplace			Sonoma		
Mother's Birthplace			Sonoma		
How related to deceased			Father		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Indigestion</u>	How long	<u>1 month</u>
Immediate	<u>convulsion</u>	How long	<u>1 day</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<u>Henry S. Hodge</u>	
		Address	
		<u>Sonoma, Ind.</u>	
Accident or Suicide?			
No			



Name  
in  
Full

Molly Douglas Elbeck

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

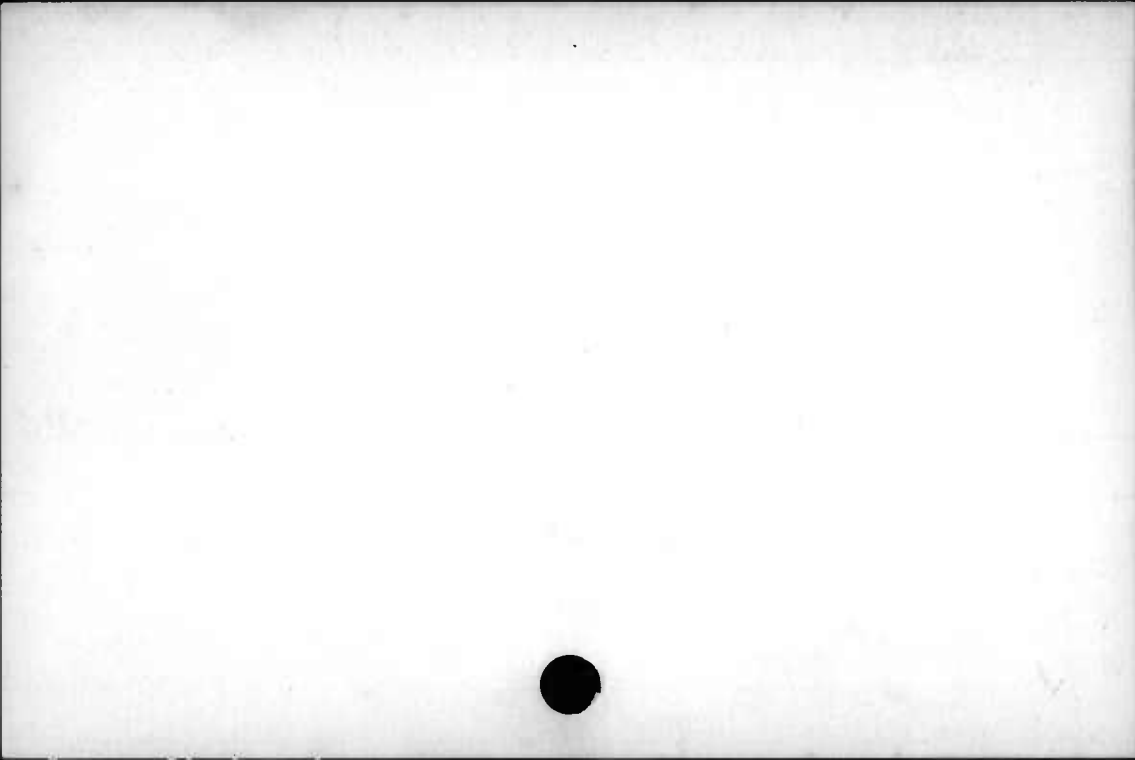
Died at <u>Lonaconing</u> <sup>Town</sup>		<u>Allegheny</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u> <sup>Month</sup> <u>July</u> <sup>Day</sup> <u>73</u>		Age <u>22</u> <sup>Years</sup>		Months <u>5</u> Days <u>7</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Lonaconing</u>			
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Charles Elbeck</u>				
Father's Name <u>Henry G. El</u>	Father's Birthplace <u>Scotland</u>				
Mother's Maiden Name <u>Annie Wilson</u>	Mother's Birthplace <u>Scotland</u>				
Name of person giving information <u>Charles Elbeck</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary	<u>Nephritis</u>	How long	<u>3 months</u>
Immediate	<u>Heart failure</u>	How long	<u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Henry G. Hodgson M.D.</u>	
		Address <u>Lonaconing, Md.</u>	
Accident or Suicide? <u>No</u>			



Name  
in  
Full

## CERTIFICATE OF DEATH

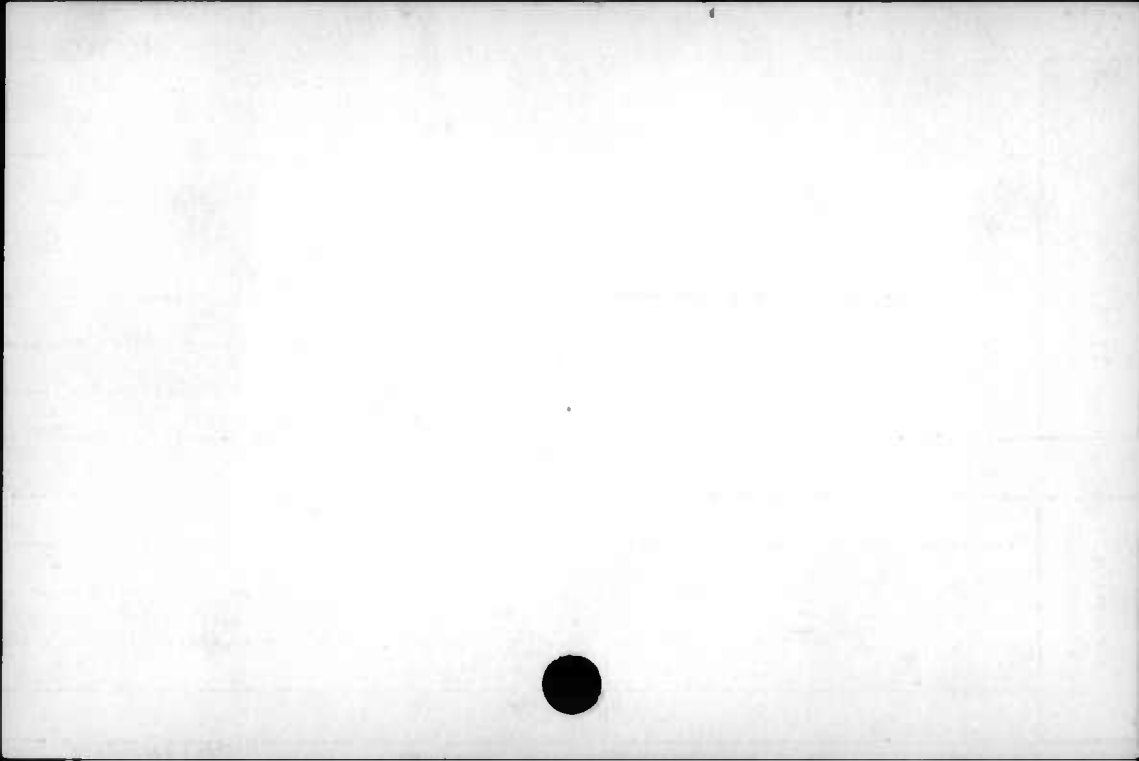
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hayes</i>		Town		County		MARYLAND	
Date of death <i>1907</i>		Month <i>July</i>		Day <i>20</i>		Age <i>31</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Hayes</i>		<i>md</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Hayes</i>					
Married, <i>Single</i>		Name of Wife or Husband <i>Frank Elliott</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Martha Leanne</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Fish's House</i>		How related to deceased					

## CAUSES OF DEATH

(120)

Primary	<i>Bright's Disease</i>	How long <i>7 months</i>
Immediate	<i>Edema of Lungs</i>	How long <i>Ten days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. R. Hodges M.D.</i>
		Address <i>Cumberland, Md.</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

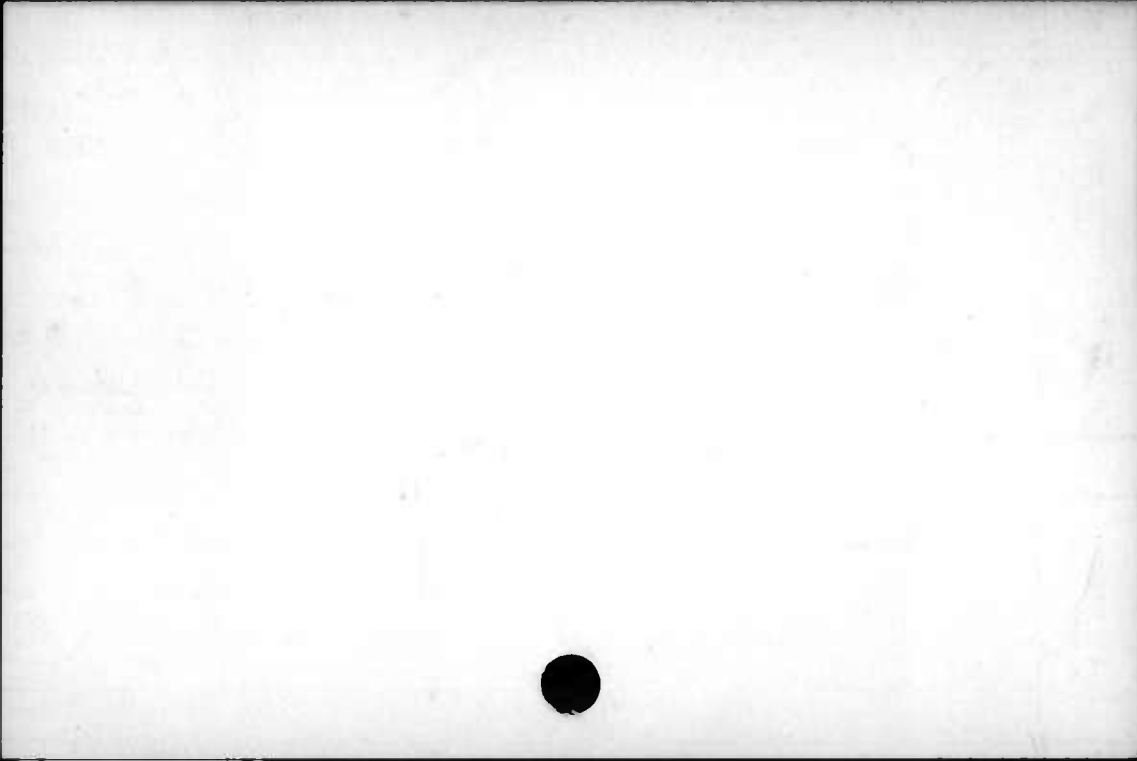
Died at <i>Ellerslie</i>		Town		County <i>Alleghany</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>26</i>	Age <i>13</i>	Years	Months <i>4</i>	Days	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Ellerslie</i>				
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Sylvester Emerick</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Geneeta Spearman</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Geneeta Emerick</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

166

✓  
PHYSICIAN  
OR CORONER

Primary <i>Shot By accidental</i>	How long
<i>While out-hunting</i>	How long
Immediate	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Maury</i>
<i>Accidental</i>	Address <i>Quincy Md</i>
Accident or Suicide? <i>Stein</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

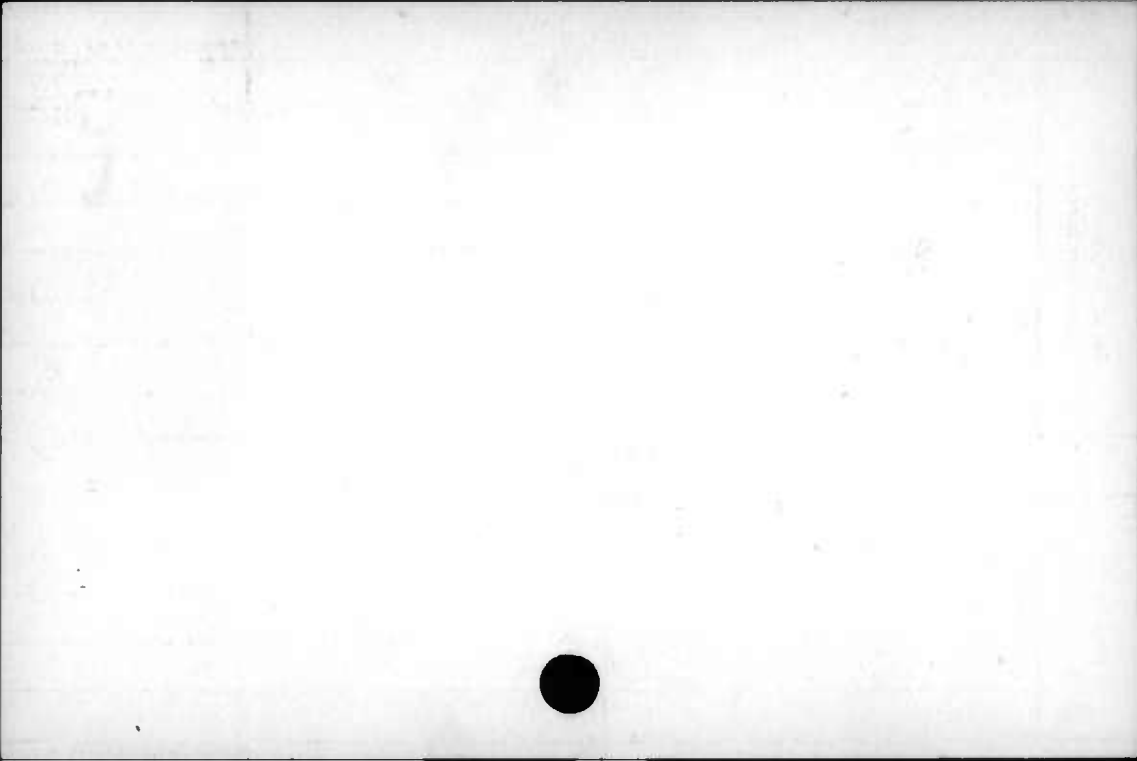
Died at <u>Cumby</u> Town		<u>Alle</u> County		MARYLAND	
Date of death	1907	Month	July	Day	2
Sex	Male	Color or Race	White	Birth-place	Cumby
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Isaac A. Fawcett			Father's Birthplace	Providence
Mother's Maiden Name	Mary Whitehead			Mother's Birthplace	Massachusetts
Name of person giving information	Mollie Fawcett			How related to deceased	Sister


## CAUSES OF DEATH

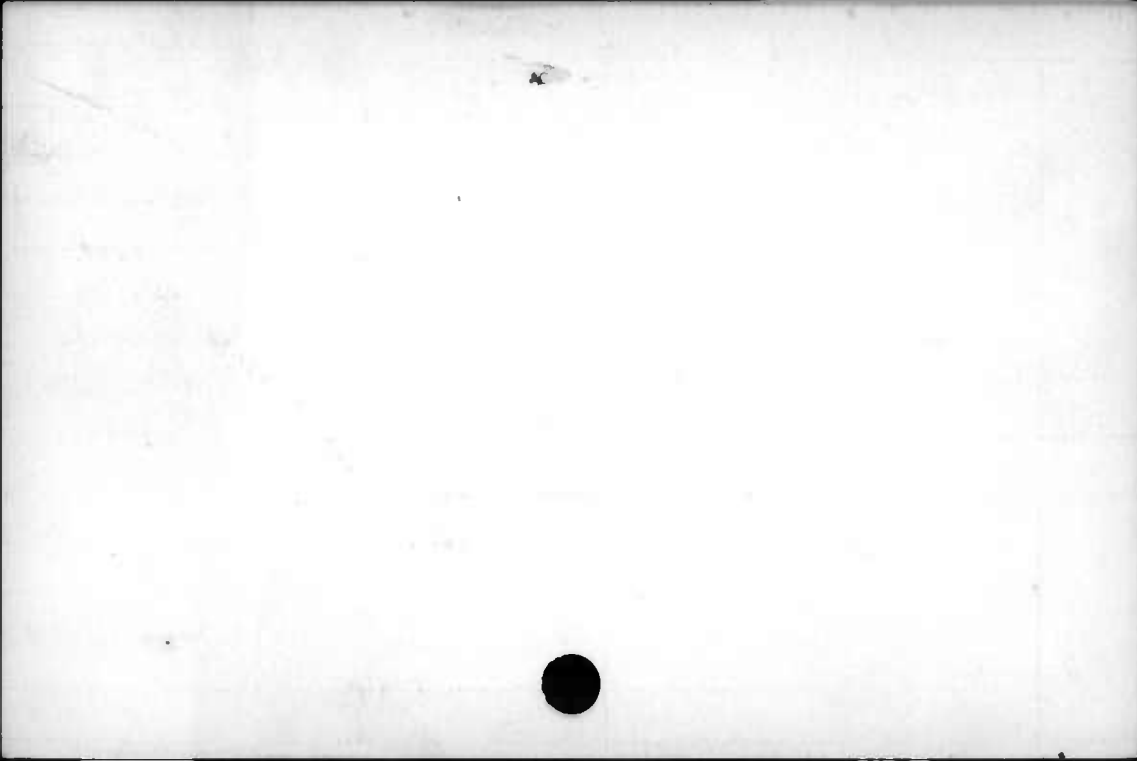
(61)

PHYSICIAN  
OR CORONER

Primary	<u>acute meningitis</u>	How long	<u>4 days</u>
Immediate	<u>Cumby</u>	How long	<u>Same time</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<u>J. J. J. J.</u>	
		Address	
		<u>Cumby</u>	
Accident or Suicide?		<u>no</u>	



Name in Full		Fitzgerald				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Barrellsville</i>		County <i>Allegheny</i>		MARYLAND		
	Date of death <i>1907</i>	Month <i>July</i>	Day <i>21</i>	Age	Years	Months	Days
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Barrellsville</i>			
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name <i>Matthew Fitzgerald</i>			Father's Birthplace <i>Pa</i>			
	Mother's Maiden Name <i>Elena Stuart</i>			Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Matthew Fitzgerald</i>			How related to deceased <i>Father</i>				
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">  </div>							
PHYSICIAN OR CORONER	Primary <i>Hydrocephalus</i>			How long			
	Immediate <i>Convulsion</i>			How long			
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>F. Alan E. Munnaford</i>			
				Address <i>Mt Savage Ind</i>			
	Accident or Suicide?						



Name  
in  
Full

Patrick Ford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		July	11	80		4	3
Sex	Male		Color or Race	White		Birth-place	Honeyman, Ireland
Occupation	Weighmaster		Where Residing if not at place of death		Lonaconing		
Married, Single or Widowed	Widower		Name of Wife or Husband		Honora Ford		
Father's Name	Dont Know		Unknown		Father's Birthplace	Ireland	
Mother's Maiden Name	Unknown				Mother's Birthplace	Ireland	
Name of person giving information	W. J. Ford				How related to deceased	Son	

## CAUSES OF DEATH

(154)

PHYSICIAN  
OR CORONER

Primary	Summer of 1907	How long	Some years
Immediate	Influenza	How long	in Months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. J. Skilling
		Address	Lonaconing
Accident or Suicide?	no		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

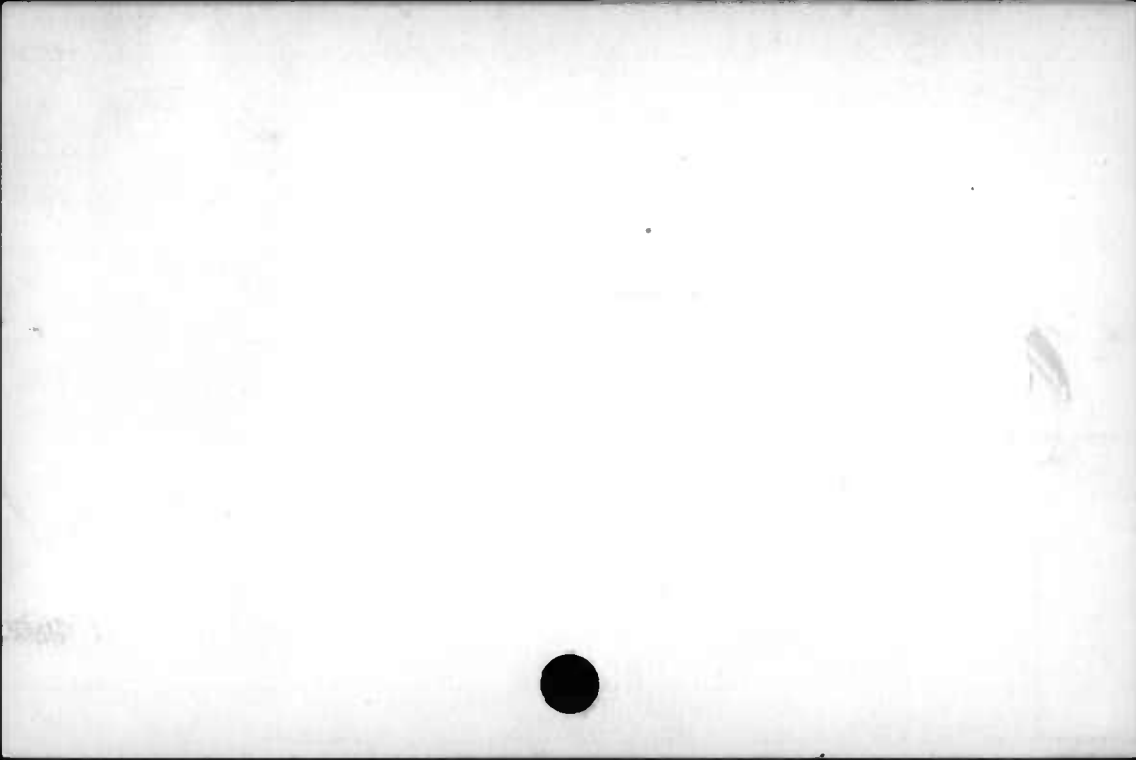
Died at <sup>Town</sup> <i>Cumberland</i> <sup>County</sup> <i>Meary</i>		MARYLAND	
Date of death 190 <sup>Month</sup> <i>July</i> <sup>Day</sup> <i>25</i>	Age <sup>Years</sup> <i>80</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>MD</i>	
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Do not know</i>		
Father's Name <i>Do not know</i>	Father's Birthplace <i>Do not know</i>		
Mother's Maiden Name <i>Do not know</i>	Mother's Birthplace <i>Do not know</i>		
Name of person giving information <i>Peter Wilson</i>	How related to deceased <i>Not a law</i>		

## CAUSES OF DEATH

(97)

PHYSICIAN  
OR CORONER

Primary <i>Nephemia</i>	How long <i>6 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. F. Puzig</i>
<i>LOUIS STEIN</i>	Address <i>Cumberland</i>
<i>Accident or Suicide?</i>	<i>No</i>





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Francis Ganley

Died at Cumulus Town Allen County  
Date of death 1907 Month July Day 14 Age 1 Years 1 Months 1 Days 1  
Sex Male Color or Race White Birth-place Ind  
Occupation                      Where Residing if not at place of death                     

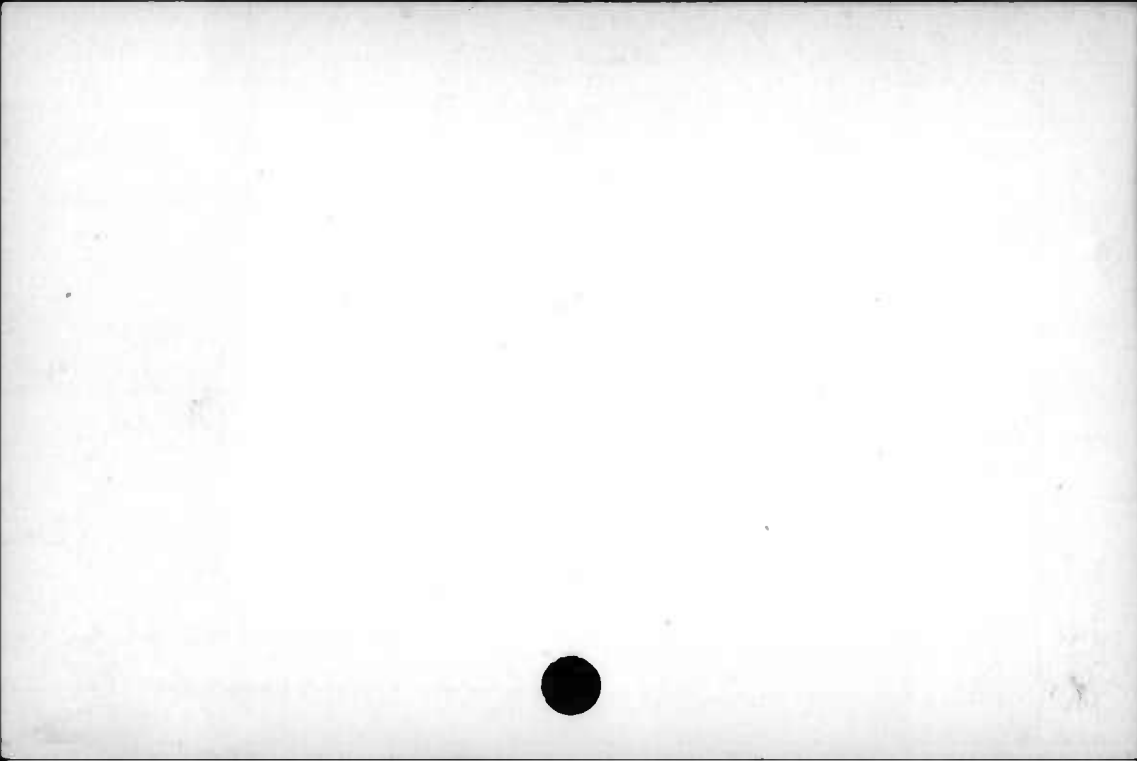
Married, Single or Widowed                      Name of Wife or Husband                       
Father's Name Jos T Ganley Father's Birthplace Ind  
Mother's Maiden Name Mary Woolfe Mother's Birthplace Ind  
Name of person giving information Mary Ganley How related to deceased Mother

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary Protrusion Birth exhaustion How long 1 on  
Immediate Exhaustion How long 1  
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Geo L Bradley M.D.  
Address Cumulus Ind.  
Accident or Suicide? No



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtland</i>		Town <i>alleghany</i>		County		MARYLAND	
Date of death	1907	Month	July	Day	29	Age	7-18
Sex	Male		Color or Race	white		Birth-place	Cumtland
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

14

PHYSICIAN  
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>1 week</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 Day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<i>F. L. Burdell</i> Address <i>Cumtland, Md.</i>	
Accident or Suicide?			

Randall

Name  
in  
Full

infant Harper.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

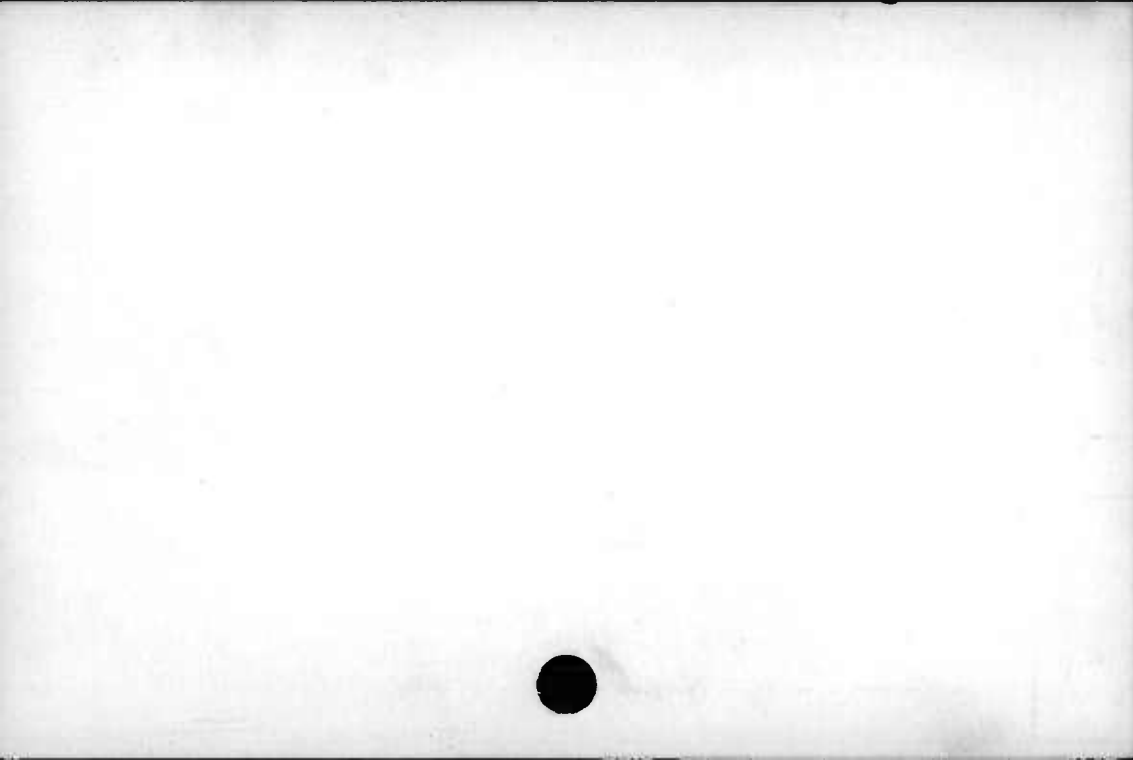
Died at <i>Cumhd</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1907 July</i>	Month <i>7</i>	Day <i>14</i>	Age <i>-</i>	Years <i>-</i>	Months <i>-</i>
Sex <i>Male</i>	Color or Race <i>Colord</i>		Birth-place <i>Cumhd</i>		
Occupation <i>---</i>		Where Residing if not at place of death <i>---</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>---</i>				
Father's Name <i>Fred Harper</i>	Father's Birthplace <i>W. Va</i>				
Mother's Maiden Name <i>Nelsie Barrman</i>	Mother's Birthplace <i>Cumhd</i>				
Name of person giving information <i>Daniel Barrman</i>	How related to deceased <i>Grand Pa-</i>				

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Premature birth</i>	How long <i>6 1/2 mos</i>
Immediate <i>deficient circulation</i>	How long <i>18 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Hungen Harris MD</i>
	Address <i>63 N. Mechanics St</i>
Accident or Suicide? <i>Stem;</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

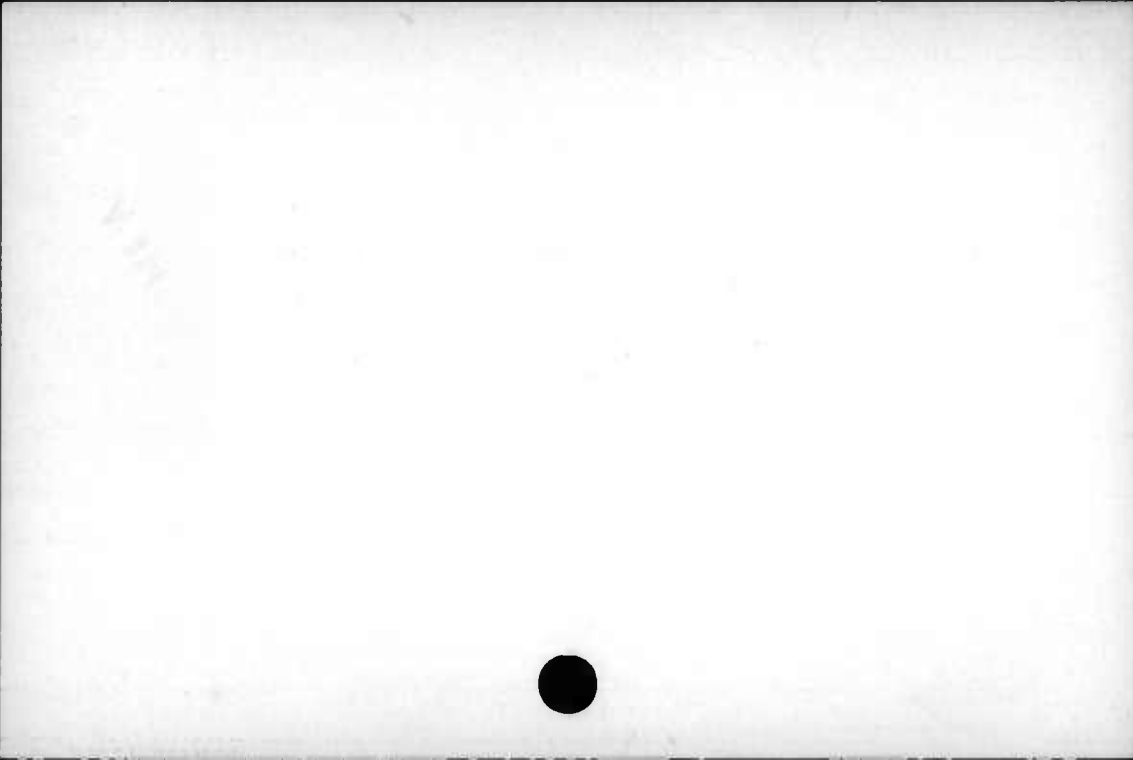
Died at <i>Reynolds</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death <i>1907 July</i> Month		<i>27</i> Day	<i>1907</i> Year	<i>5</i> Months	<i>9</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Reynolds</i>		
Occupation <i>✓</i>		Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>L</i>		Name of Wife or Husband <i>L</i>			
Father's Name <i>Robert Harvey</i>		Father's Birthplace <i>Scotland</i>			
Mother's Maiden Name <i>Katie Gardiner</i>		Mother's Birthplace <i>Ill.</i>			
Name of person giving information <i>Mrs R. Harvey</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

(105)

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>One week</i>
Immediate <i>Convulsions</i>	How long <i>Several hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. A. Barchen</i>
	Address <i>Barton Md</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

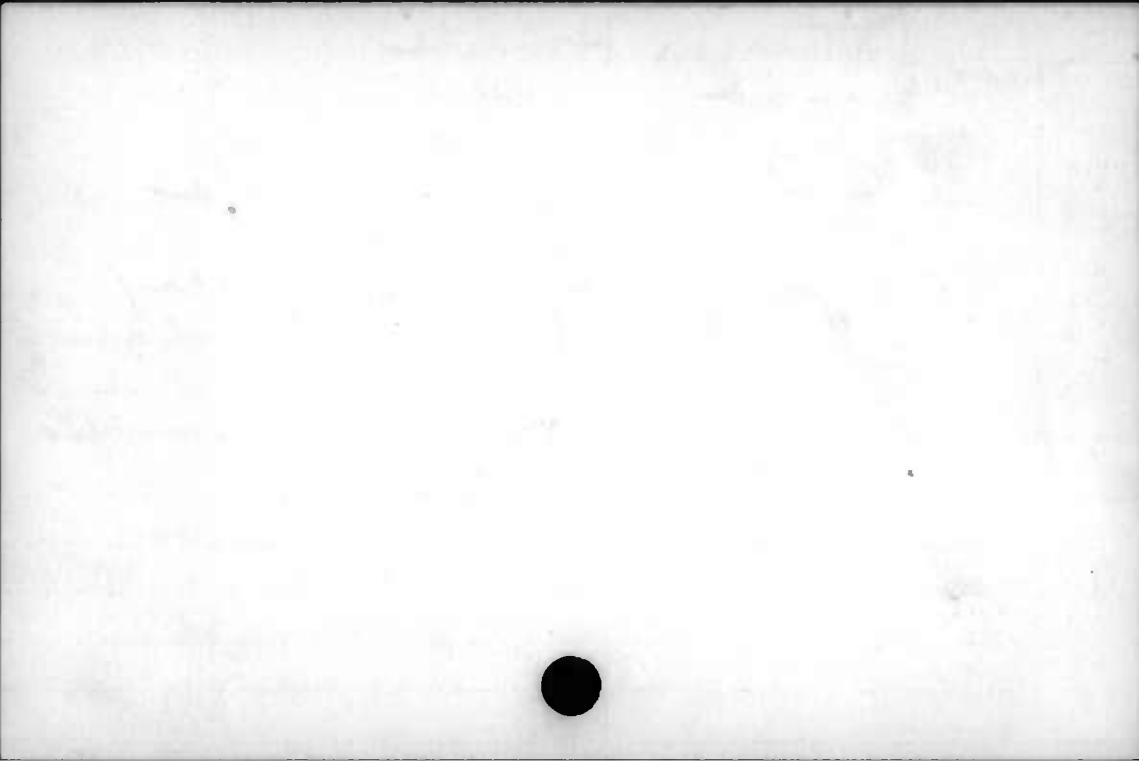
Name in Full <i>John Shepherd Hedding</i>		Town <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND	
Died at <i>Cumberland</i>							
Date of death <i>1907</i>		Month <i>July</i>		Day <i>13</i>		Age <i>79</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Perry Co. Pa</i>		Months <i>5</i>	
Occupation <i>Gen. Book Agent</i>		Where Residing if not at place of death <i>Cumberland Md</i>				Days <i>17</i>	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Rebecca A. Hedding</i>					
Father's Name <i>Samuel Hedding</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Lightner</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Rebecca S. Person</i>		How related to deceased <i>Adoptive daughter</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Organic heart disease</i>		How long <i>Some years</i>	
Immediate <i>Heart failure</i>		How long <i>One day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. S. Duke</i>	
		Address <i>Cumberland Md</i>	
Accident or Suicide? <i>no</i>			



Name  
in  
Full

Mrs Catherine Hinkle

## CERTIFICATE OF DEATH

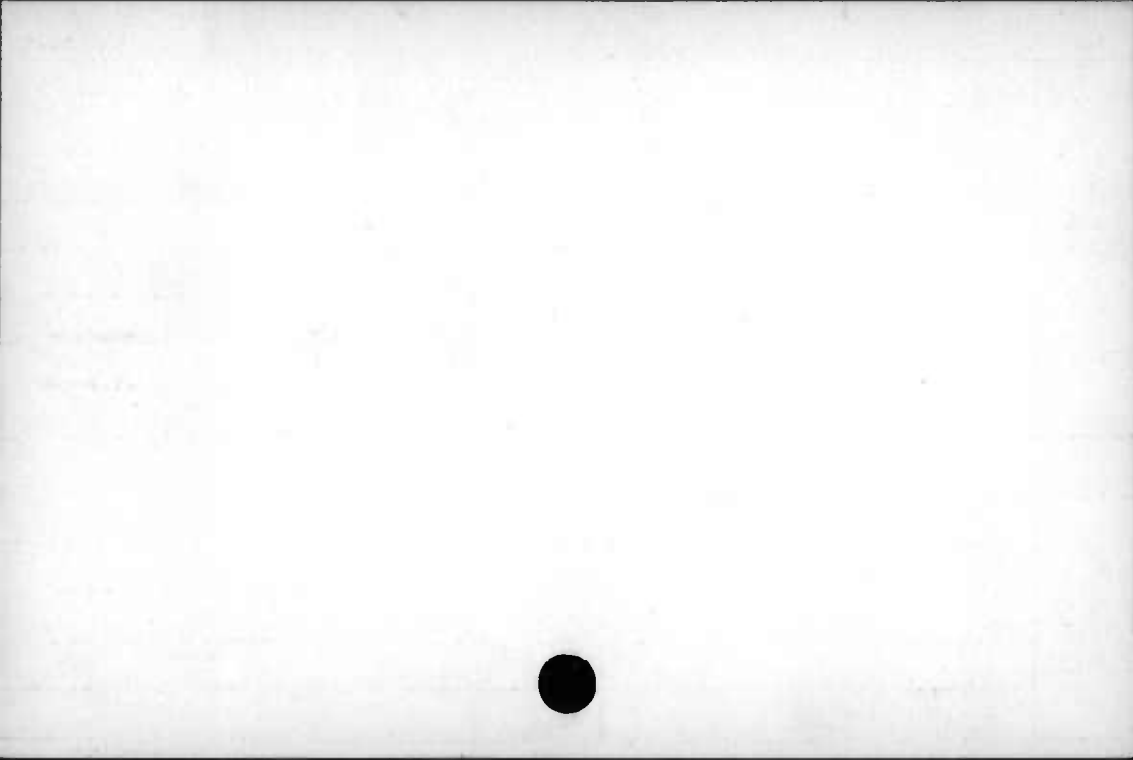
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		July	21	80		3	
Sex	female	Color or Race	white		Birth-place	Md	
Occupation	Hw		Where Residing if not at place of death				
Married, Single or Widowed	widow		Name of Wife or Husband				
Father's Name		Jno. McSelfish				Father's Birthplace	
Mother's Maiden Name		Annie Wilson				Mother's Birthplace	
Name of person giving information		Mrs W.A. House				How related to deceased	
						Daughter	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Apoplexy		How long	1 week
Immediate	Exhaustion		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		yrs		
Signature of Physician		E. H. Brown D		
Address		Cumberland Md		
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John W. Isaacs.*

Town *Cumberland* County *Allegheny*

Died *Cumberland* *Allegheny*

Date of death *1907* Month *7* Day *21* Age *56* Months *7* Days *21*

Sex *Male* Color or Race *White* Birth-place *Cumberland*

Occupation *Silver Smith* Where Residing if not at place of death *" " " "*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary E. Isaacs.*

Father's Name *Chas. A. Isaacs* Father's Birthplace *Alexandria*

Mother's Maiden Name *Anna M. Buckley* Mother's Birthplace *" " "*

Name of person giving information *Mary E. Isaacs* How related to deceased *Wife*

## CAUSES OF DEATH

(79)

PHYSICIAN  
OR CORONER

Primary *Dilatation of heart* How long *3 weeks*

Immediate *Oedema of lungs* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. R. Hodges M.D.*

Address *Cumberland, Md.*

Accident or Suicide?

\_\_\_\_\_

*Handwritten signature: [Illegible]*

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

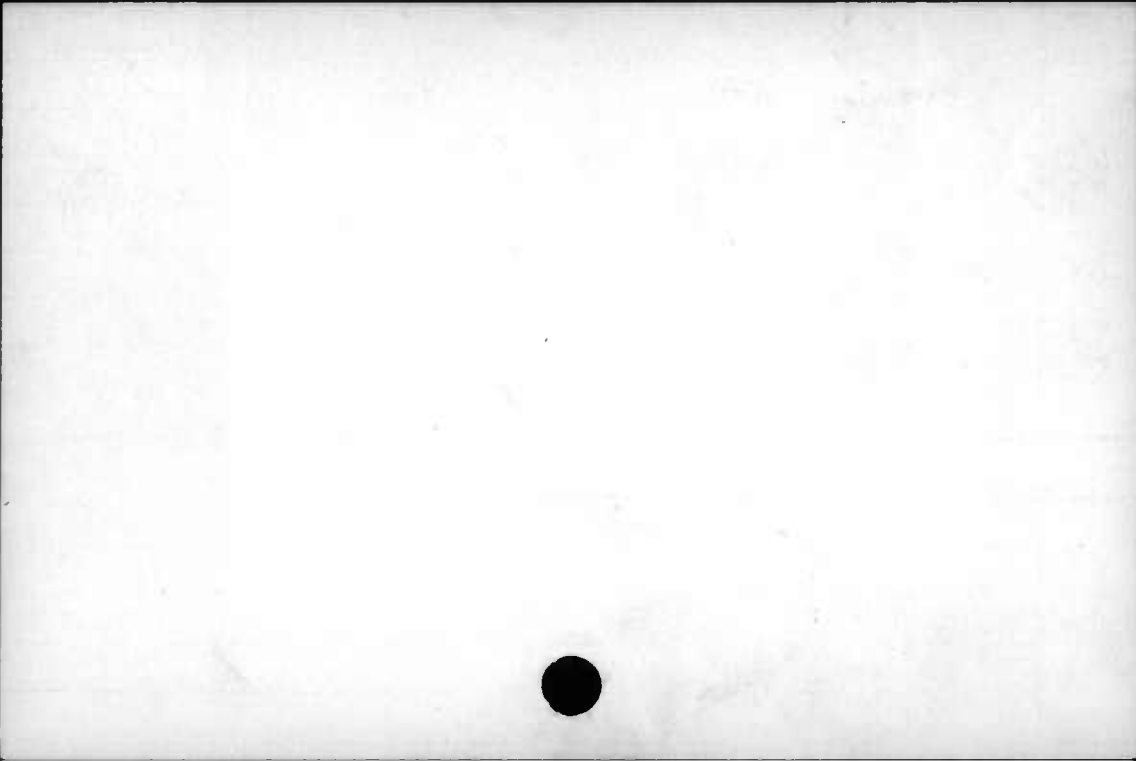
Died at <i>Brown</i>		County <i>Alle</i>			
Date of death <i>1907</i>	Month <i>July</i>	Day <i>21</i>	Age <i>68</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Emanuel Jenkins</i>				
Father's Name <i>unknown</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>C. S. Jenkins</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary <i>Cancer of stomach</i>	How long <i>years</i>
Immediate <i>Exhaustion</i>	How long <i>weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Fochtman</i>
<i>stent</i>	Address <i>Cumberland Md</i>
Accident or Suicide?	<i>Fochtman</i>





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Infant Kelley* Town *Dans Mountain* County *Allegheny* MARYLAND

Died at *Dans Mountain* *Allegheny*

Date of death *190* Month *July* Day *25* Age *4* Years *4* Months *4* Days *—*

Sex *Male* Color or Race *White* Birth-place *Dans Mountain*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Balford Kelley* ✓ Father's Birthplace *Dans Mountain*

Mother's Maiden Name *Martha Boyer* Mother's Birthplace *Salisbury Pa*

Name of person giving information *Balford Kelley* How related to deceased *Father*

CAUSES OF DEATH

*105*

PHYSICIAN  
OR CORONER

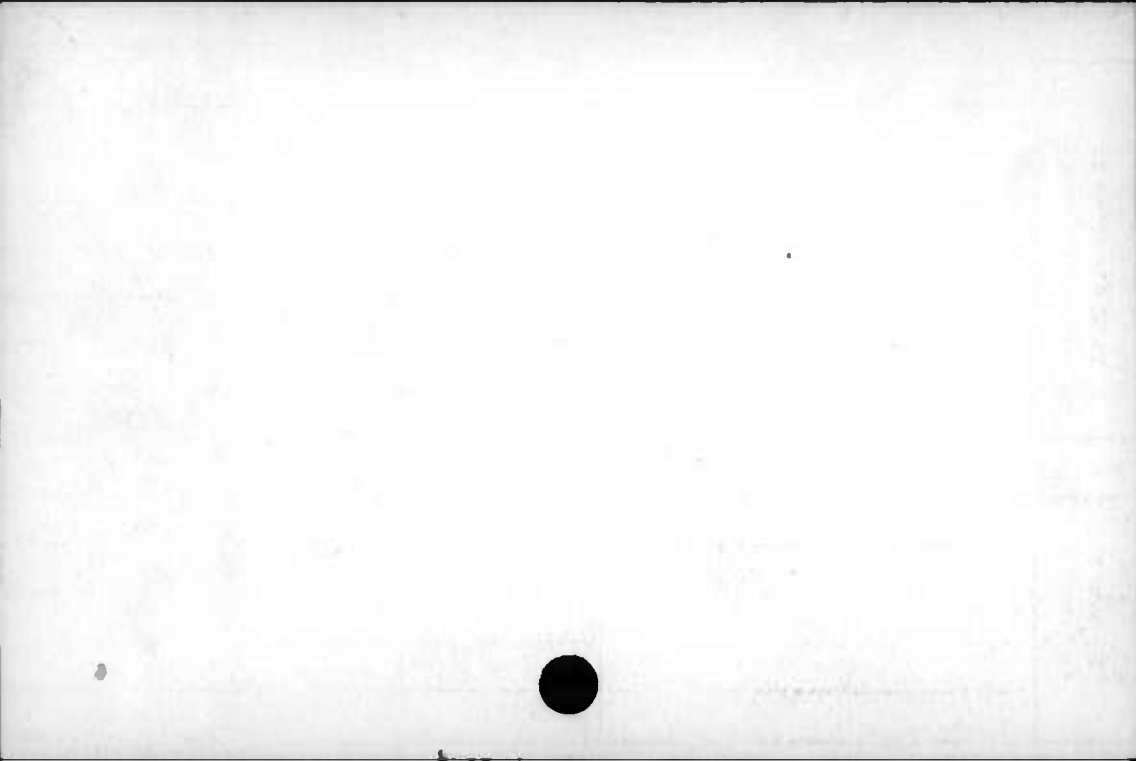
Primary *Cholera Infantum* How long *3 days*

Immediate *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. H. Spicer* Address *Princeton, Ind.*

Accident or Suicide? *—*



Name  
in  
Full

## CERTIFICATE OF DEATH

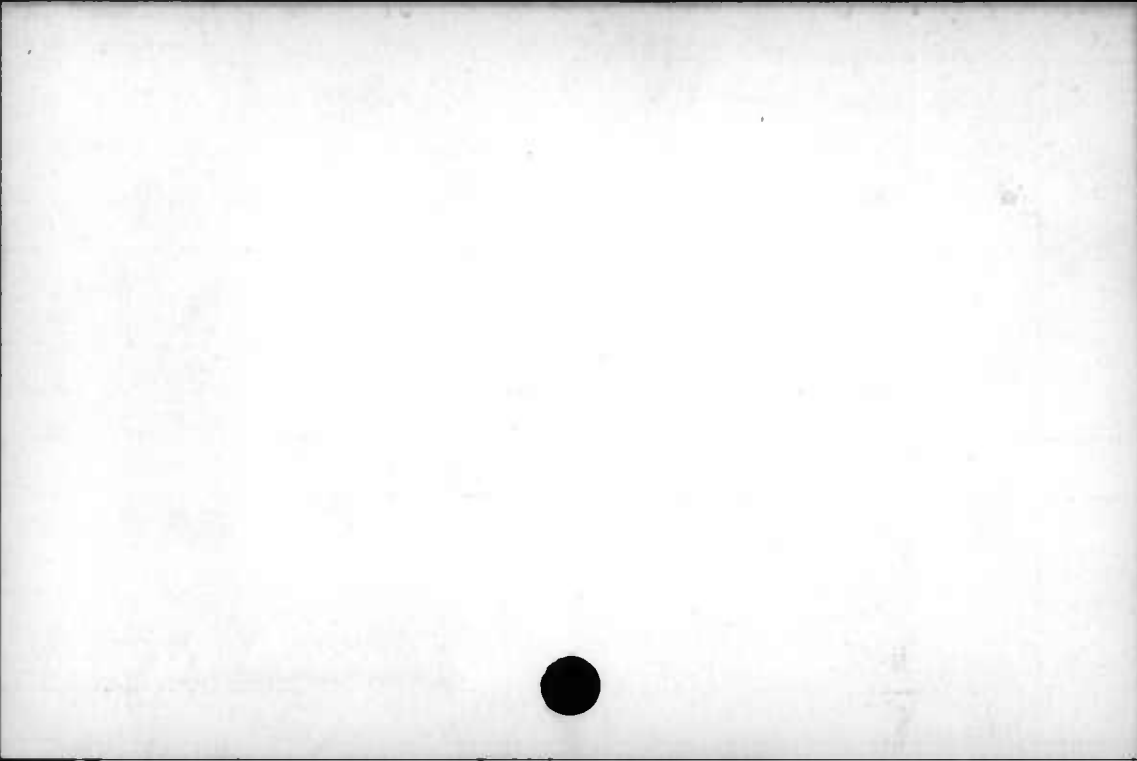
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Theodore</i> <sup>Town</sup> <i>Krippenburg</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i> <sup>Month</sup> <i>July</i> <sup>Day</sup> <i>29</i>	Age <i>1</i> <sup>Years</sup>	Months <i>8</i>	Days <i>25</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Alleghen Co Md.</i>	
Occupation _____		Where Residing if not at place of death _____	
Married, Single or Widowed _____	Name of Wife or Husband _____		
Father's Name <i>George H Krippenburg</i>	Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Ella Beatrice Irons</i>	Mother's Birthplace <i>Md</i>		
Name of person giving information <i>G. H Krippenburg</i>	How related to deceased <i>Father</i>		

## CAUSES OF DEATH

(169)

Primary <i>Heart Stroke &amp; Constriction of Brain</i>	How long <i>1 week</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. H. Brainard</i>
	Address <i>Cumberland Md.</i>
Accident or Suicide? <i>No.</i>	



Name  
is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mildred V. Koelker</i>		Town <i>Cumtola</i>		County <i>Sevier</i>		State <i>MARYLAND</i>	
Died at <i>Cumtola</i>		Date of death <i>1907</i>		Month <i>July</i>		Day <i>9</i>	
Age <i>—</i>		Years <i>—</i>		Months <i>—</i>		Days <i>one</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Cumtola</i>			
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Henry Koelker</i>		Father's Birthplace <i>Cumtola</i>					
Mother's Maiden Name <i>Clara Walzen</i>		Mother's Birthplace <i>Cumtola</i>					
Name of person giving In formation <i>Henry Koelker</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary <i>Concussional non closure of Foramen ovale</i>		How long <i>few hours</i>	
Immediate <i>Stent</i>			
Are the name, age, sex, color, date and place correctly given above <i>Stent</i>		Signature of Physician <i>A. H. Hawkins</i>	
Address <i>—</i>			
Accident or Suicide <i>Stent</i>			

337

*N. bentley*

Name  
in  
Full

Elizabeth Lane

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Cumberland

Town

Allegheny

County

Date of death 1907 July

Month

Day 16

Age

Years 72

Months 1

Days 23

Sex Female

Color or  
Race

White

Birth-  
place

Md.

Occupation

None

Where Residing if not  
at place of death

-

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

unknown

Father's  
Name

Valentine

Father's  
Birthplace

Don't know

Mother's  
Maiden Name

Don't know

Mother's  
Birthplace

Don't know

Name of person giving  
In formation

David L. Lornier

How related  
to deceased

Son in Law

## CAUSES OF DEATH

79

Primary

organic heart disease

How long

Do not know

Immediate

Heart failure

How long

One day

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

E. J. Duke

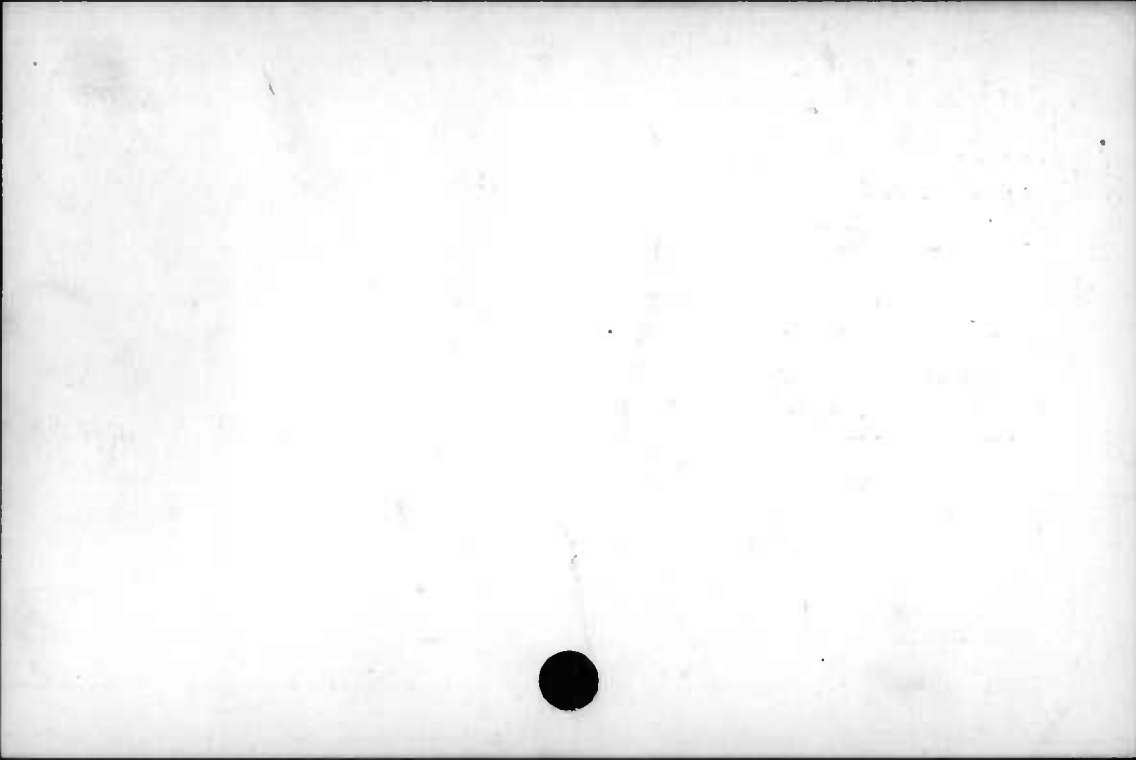
Address

Cumberland Md

Accident or Suicide?

still

PHYSICIAN  
OR CORONER





Name  
in  
Full

Elizabeth Leckemby.

## CERTIFICATE OF DEATH

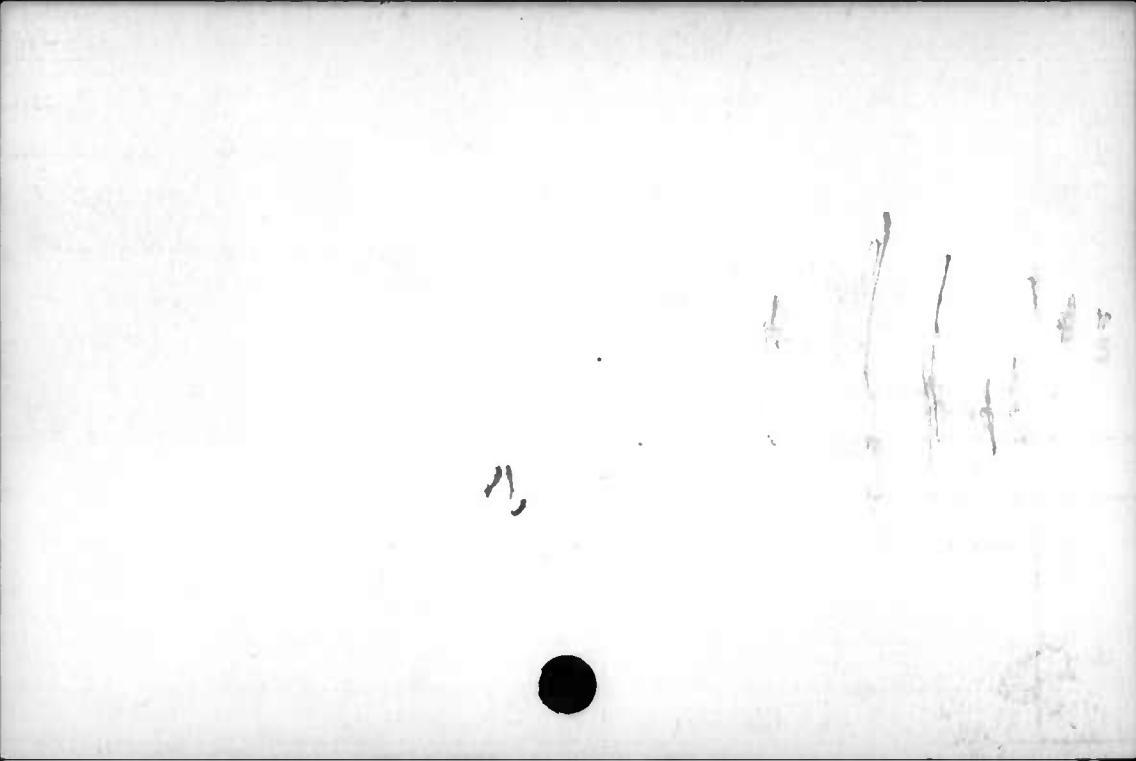
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>5</i>	Years <i>23</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Thynoman Pa</i>		
Occupation <i>Wife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William Henry</i>				
Father's Name <i>W. A. Wertz</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know</i>				
Name of person giving information <i>William H. Leckemby</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

Primary <i>Typhoid fever</i>	How long <i>4 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. J. Duke</i>
	Address <i>Cumberland Md</i>
Accident or Suicide? <i>Stress</i>	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Christine Lemmer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mount Savage		County Allegheny		MARYLAND	
Date of death		Month July	Day 1907	Age 63	Months Don't know	Days Don't know	
Sex Female		Color or Race White		Birthplace German			
Occupation Don't know		Where Residing if not at place of death Mt Savage					
Married, Single or Widowed Single		Name of Wife or Husband <del>Christine Lemmer</del>					
Father's Name Christopher Lemmer		Father's Birthplace Germany					
Mother's Maiden Name Martha Lehmuth		Mother's Birthplace " "					
Name of person giving information Mrs. Elisabeth Collins		How related to deceased Sister					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Found dead in Potato Patch	How long	Don't know
Immediate		How long	" " "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		G. H. Maizkinner	
The above body was found in Potato patch		Address Cumberland Md	
Accident or Suicide?			

178

✱

W. T. Sawyer

Name in Full <b>Jacob Lohr</b>		Town <b>Frostburg Md</b>		County <b>allegany</b>		CERTIFICATE OF DEATH	
Died at <b>Frostburg</b>		Month <b>July</b>		Day <b>20</b>		MARYLAND	
Date of death <b>1907</b>		Age <b>61</b>		Years <b>July</b>		Months <b>July</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birthplace <b>Bittinger End</b>		Days <b>July</b>	
Occupation <b>farmer</b>		Where Residing if not at place of death <b>Frostburg End</b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Ellen Raily</b>		Father's Birthplace <b>Bittinger</b>		Mother's Birthplace <b>Don't Know</b>	
Father's Name <b>John Lohr</b>		Mother's Maiden Name <b>Don't Know</b>		Name of person giving information <b>Milton Lohr</b>		How related to deceased <b>Son</b>	
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH		166			
Primary <b>Rail Road accident</b>		How long					
Immediate <b>11</b>		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>G. H. Maib Coronor</b>		Address <b>Cumberland</b>		Maryland	
Accident or Suicide?							

Handwritten signature or scribble, possibly reading "F. M. S." or similar, written in dark ink.

Name  
in  
Full

Elizabeth M. Ginn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

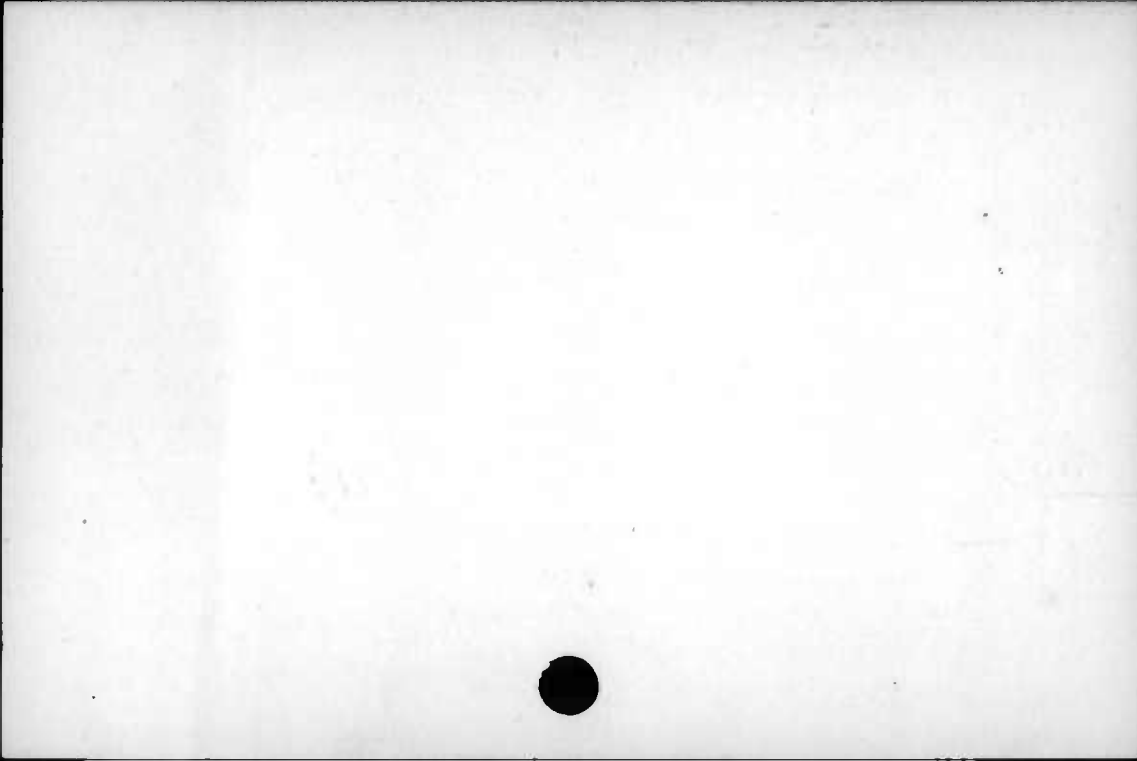
Died at <i>Lincolnton</i> Town			County <i>Wilkes</i>			MARYLAND		
Date of death	1907	Month <i>July</i>	Day <i>31</i>	Age <i>58</i>	Years <i>5</i>	Months <i>3</i>	Days <i>19</i>	
Sex <i>Female</i>	Color or Race <i>white</i>			Birth-place <i>Scotland</i>				
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>			Name of <del>Wife</del> Husband <i>Hugh M. Ginn</i>					
Father's Name <i>John Curry</i>			Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Elizabeth Gibson</i>			Mother's Birthplace <i>Scotland</i>					
Name of person giving information <i>Hugh M. Ginn</i>			How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

(91)

PHYSICIAN  
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>2 years</i>
Immediate <i>Exhaustion - Inanition -</i>	How long <i>Long time</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James C. Bullock M.D.</i>
	Address <i>Lincolnton N.C.</i>
Accident or Suicide? <i>no -</i>	





Name  
In  
Full

Male child Mc Grain

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frostburg</i> <sup>Town</sup>		<i>Allegheny</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	7	Day	18
Age	Years		Months		Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	—		Birth-place	<i>U. S.</i>	
Where Residing if not at place of death			—		
Married, Single or Widowed			—		
Name of Wife or Husband			—		
Father's Name			<i>Joseph McGraw</i>		
Mother's Maiden Name			<i>Anna Jackson</i> (S)		
Name of person giving information			<i>Joseph McGraw</i>		
How related to deceased			<i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Premature Separation placenta</i>	How long	—
Immediate	<i>Exsanguination</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Thomas H. O'Malley</i>	
Address		<i>Frostburg, Md.</i>	
Accident or Suicide?			

7. 7. 0

Name  
in  
Full

Thomas McHugh

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

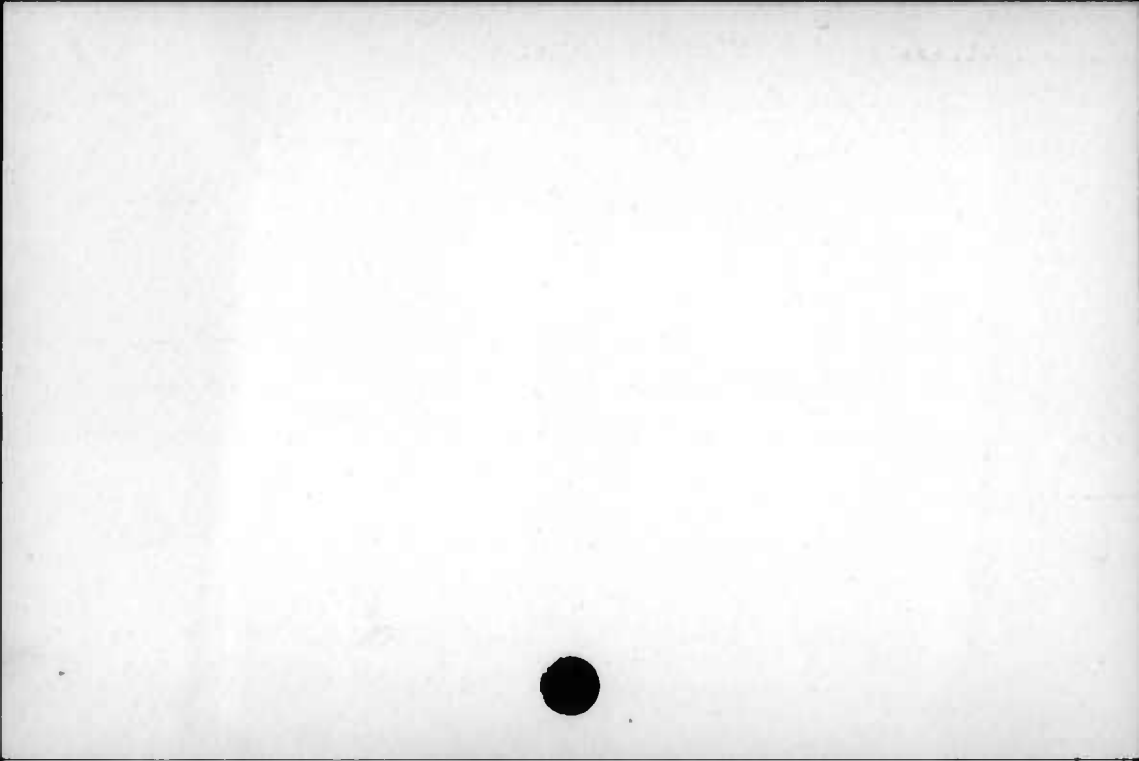
Died at <i>Lonaconing</i>		Town <i>Allegany</i>		County	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>30</i>	Years <i>5</i>	Months <i>10</i>	Days <i>25</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Lonaconing, Md.</i>		
Occupation <i>_____</i>			Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>_____</i>		
Father's Name <i>Michael McHugh</i>			Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Katherine Flynn</i>			Mother's Birthplace <i>Lonaconing</i>		
Name of person giving information <i>Michael McHugh</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

118

PHYSICIAN  
OR CORONER

Primary	<i>Appendicitis, Peritonitis</i>	How long	<i>8 days.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Henry M. McGowan</i>	
		Address <i>Lonaconing, Md.</i>	
Accident or Suicide? <i>No.</i>			



Name  
in  
Full

Gona McKemar

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Cumberland		Alle		Maryland	
Date of death		Month	Day	Age	Years	Months	Days
1904		July	10			4	5
Sex	Female	Color or Race	White	Birth-place	Md		
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Herbert McKemar			Father's Birthplace	West Va		
Mother's Maiden Name	Jennie Michael			Mother's Birthplace	Md		
Name of person giving information	Herbert McKemar			How related to deceased	Father		

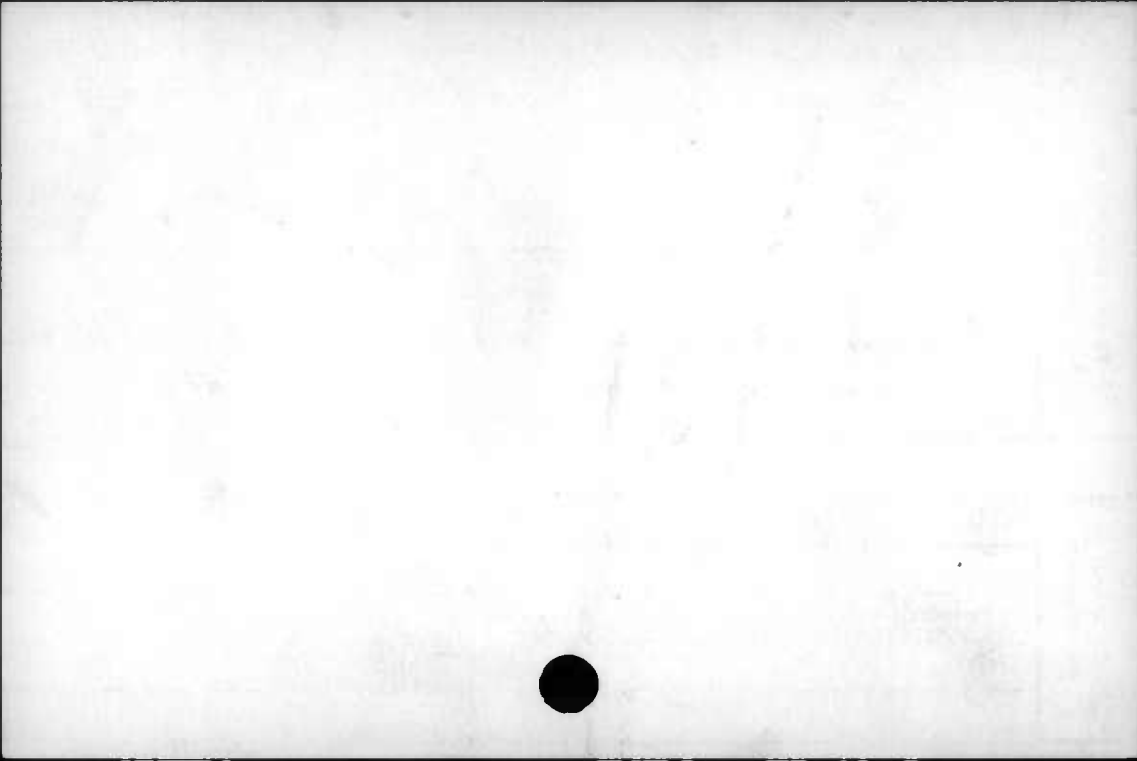
## CAUSES OF DEATH

160

PHYSICIAN  
OR CORONER

Primary	Acute Indigestion	How long	6 days
Immediate	Brain fever	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		G. L. Broadnax	
		Address	
		Omens	
Accident or Suicide?			

LOUIS STEIN



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Joseph Madolen

Town

County

Died at Carrigansville

Allegheny

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

July

27

Age

87-

1

18

Sex

male

Color or  
Race

white

Birth-  
place

Pa

Occupation

Laborer

Where Residing if not  
at place of death- ~~at place of death~~Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

Margaret

Father's  
Name

H. R. Madolen

Father's  
Birthplace

Pa

Mother's  
Maiden Name

do not know

Mother's  
Birthplace

do not know

Name of person giving  
information

Jessie Winchman

How related  
to deceased

Son in Law

## CAUSES OF DEATH

Primary

Senility

106

How long

Immediate

Incurable, Exhaustion

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

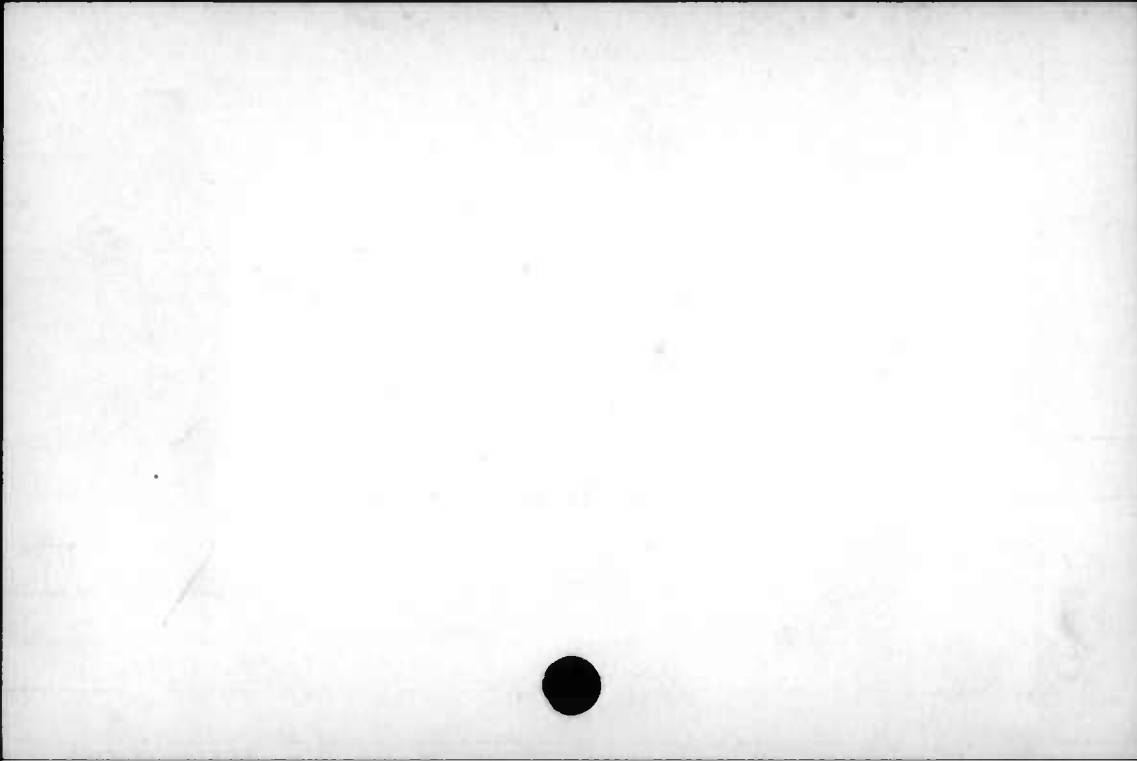
A. D. Lusk

Address

Cranberry, Md

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Frostburg</b> Town		<b>Alligany</b> County		MARYLAND	
Date of death	<b>1907</b>	Month	<b>July</b>	Day	<b>19</b>
Sex	<b>Male</b>	Color or Race	<b>White</b>	Age	<b>46</b>
Occupation	<b>Coal Miner</b>		Where Residing if not at place of death	<b>Tonolowing</b>	
Married, Single or Widowed	<b>Married</b>	Name of Wife or Husband	<b>Bridget Redington</b>		
Father's Name	<b>Jas Malloy</b>		Birthplace	<b>Ireland</b>	
Mother's Maiden Name	<b>Annie O. Pool</b>		Mother's Birthplace	<b>..</b>	
Name of person giving information	<b>J.J. Mallory</b>		How related to deceased	<b>Cousin</b>	

CAUSES OF DEATH

**(64)**

PHYSICIAN  
OR CORONER

Primary	<b>Atheroma of arteries</b>	How long	
Immediate	<b>Cerebral Hemorrhage</b>	How long	<b>14 days</b>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>J. L. Conroy M.D.</b>		
	Address <b>Frostburg Md</b>		
Accident or Suicide?			

~~Cable~~

L X C

Name  
in  
Full

Mary Martin

## CERTIFICATE OF DEATH

MARYLAND

Died at *Cumbe land* TcwnCounty *Allegany*Date  
of death *1907*Month *July*Day *27*

Age

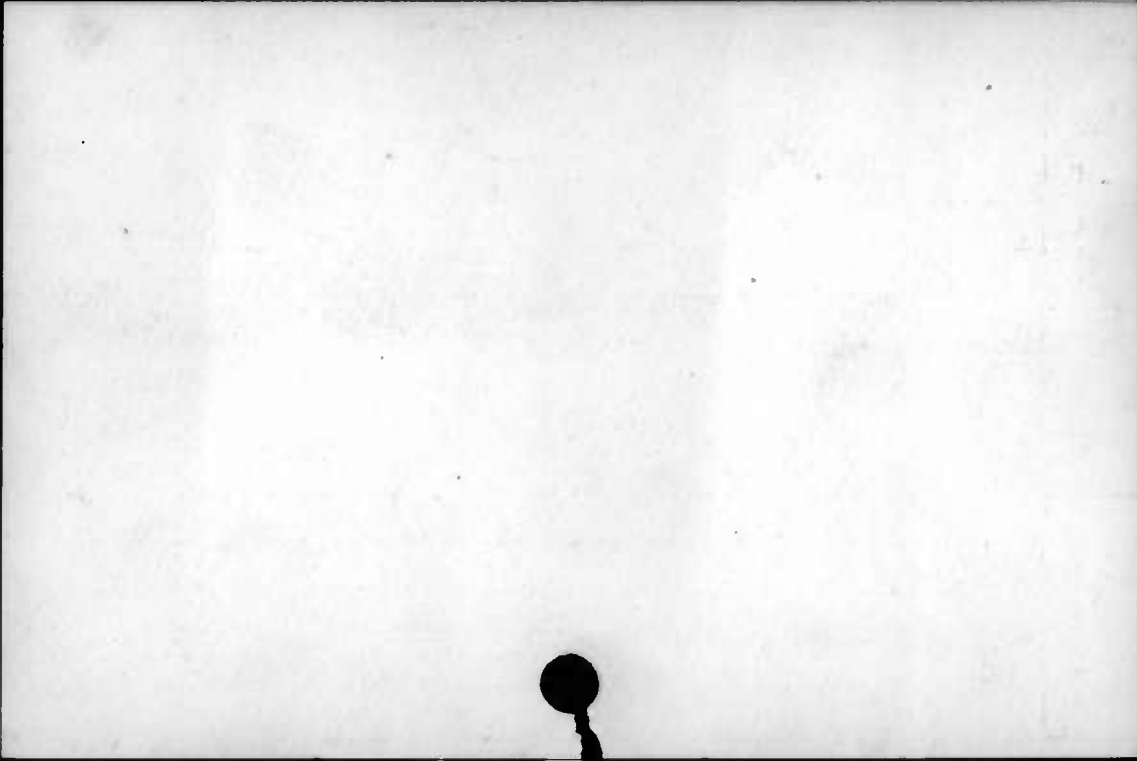
Years *48*Months *5*Days *24*Sex *Female*Color or  
Race *White*Birth-  
place *Allegany Co. W. Va.*Occupation *Housewife*Where Residing if not  
at place of death *22 Seneca St. Cumbe land*Married, Single  
or Widowed *Married*Name of Wife or  
Husband *James Martin*Father's  
Name *Unknown*Father's  
Birthplace *Unknown*Mother's  
Maiden Name *Unknown*Mother's  
Birthplace *Unknown*Name of person giving  
In formation *James Martin*How related  
to deceased *Husband*

## CAUSES OF DEATH

Primary *Pulmonary Tuberculosis**(27)*How long *Months*Immediate *4 haistone*How long *weeks*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *J. W. Sochman*Address *Cumbe land*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mrs Catherine Meister*

Died at *Cumtland* *Me* County *Me* MARYLAND

Date of death *1907* Month *July* Day *25* Age *79* Years Months *11* Days *—*

Sex *Female* Color or Race *White* Birth-place *Germany*

Occupation *housekeeper* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *George Meister*

Father's Name *Christiano Foster* Father's Birthplace *Germany*

Mother's Maiden Name *Friedrichung Baehr* Mother's Birthplace *Germany*

Name of person giving information *John W. Meister* How related to deceased *son*

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary *Cerebral Hemorrhage* How long *24 days*

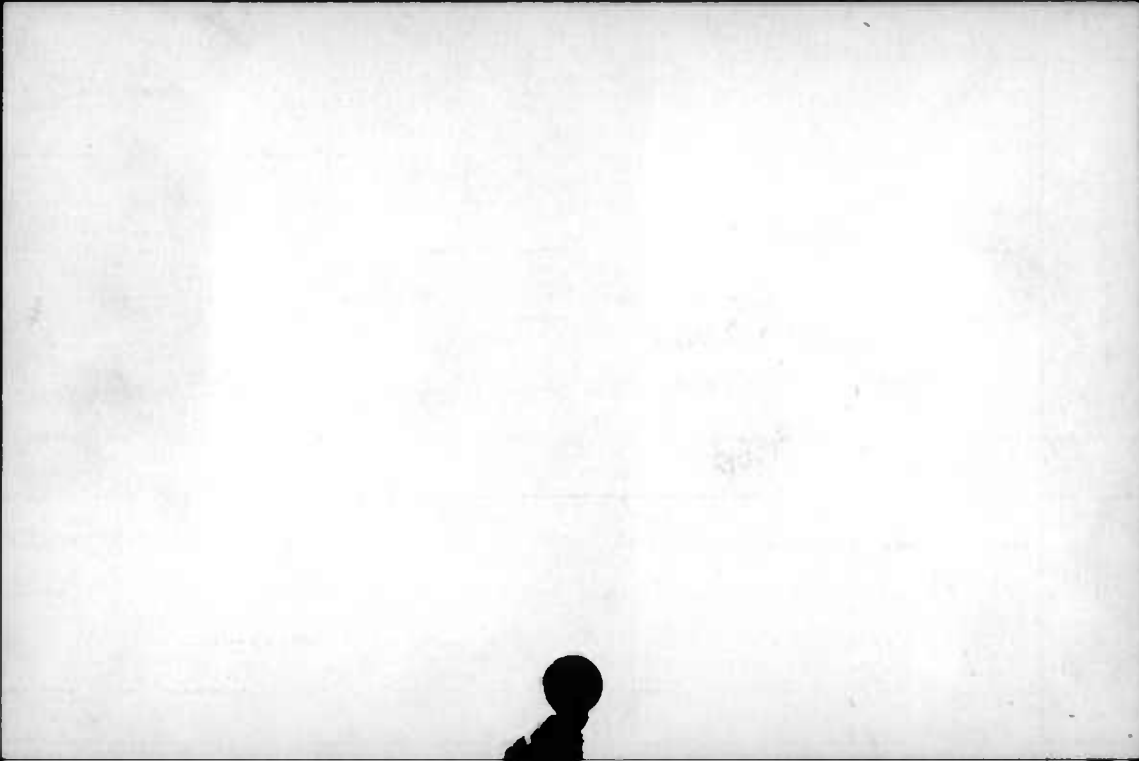
Immediate *Paralysis* How long *24 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. J. [illegible]*

Address *[illegible]*

Accident or Suicide? *—*



Name  
in  
Full

## CERTIFICATE OF DEATH

Adeline &amp; Augusta Metz

Town

County

Died at

Lonaconing

Allegheny

MARYLAND

Date

of death 1907

Month

July

Day

9

Years

Age 56

Months

11

Days

22

Sex

Female

Color or  
Race

White

Birth-  
place

Ohio

Occupation

Invalid

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Wm. Metz

Father's  
Name

Jacob Kerns

Father's  
Birthplace

Ohio

Mother's  
Maiden Name

Sarah Hapthly

Mother's  
Birthplace

"

Name of person giving  
In formation

Mrs Albert Beaman

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Rheumatism

(79)

How long

3 years ago

Immediate

Valvular Heart trouble

How long

1 year

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

H. M. Hodgson

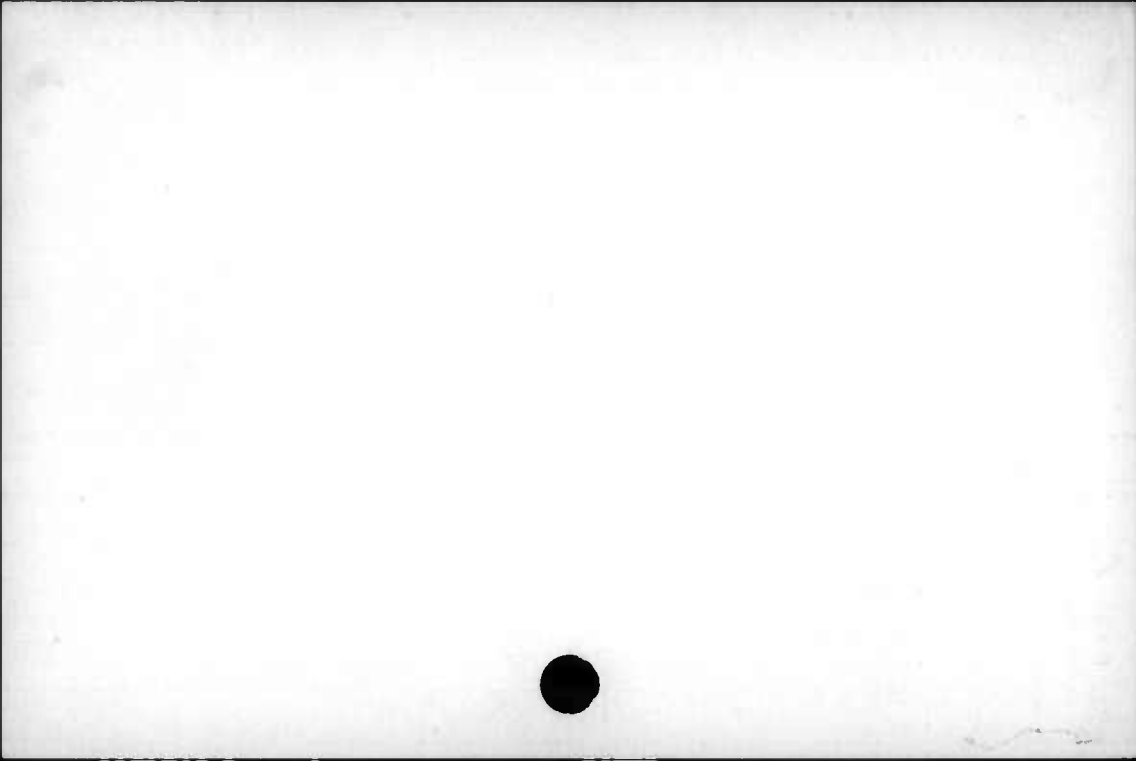
Address

Lonaconing

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Jaminal C. Morgan</i>		Town <i>Prosperity</i>		County <i>Allegany</i>		State <i>MARYLAND</i>	
Died at <i>Prosperity</i>		Month <i>July</i>		Day <i>9</i>		Age <i>63</i>	
Date of death <i>1907</i>		Month <i>July</i>		Day <i>9</i>		Age <i>63</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Allegany Co</i>		Months <i>—</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary</i>					
Father's Name <i>Mr Morgan (son)</i>		Father's Birthplace <i>Dont Know</i>					
Mother's Maiden Name <i>Dont Know</i>		Mother's Birthplace <i>// //</i>					
Name of person giving information <i>Charles Morgan</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

44

PHYSICIAN  
OR CORONER

Primary <i>Cancer of Stomach</i>	How long <i>2 yrs</i>
Immediate <i>exhaustion</i>	How long <i>2 yrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Trigg</i>
LOUIS STEIN,	Address <i>Chintstone Flint Ind</i>
Accident or Suicide?	

9 children =

Name  
in  
Full

Infant of Annie Robinson Morris

CERTIFICATE OF DEATH

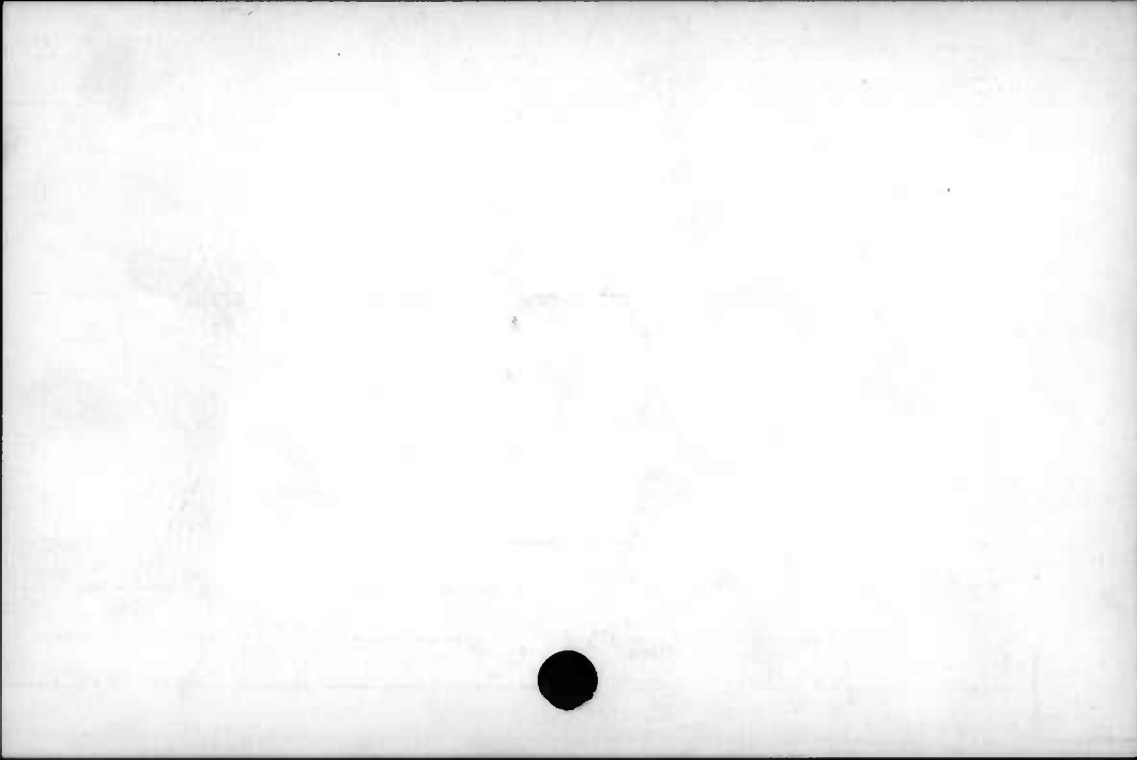
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumberland</u> <sup>Town</sup>		<u>Wilegar</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u> <sup>Month</sup> <u>July</u> <sup>Day</sup> <u>27</u>		Age <u>—</u> <sup>Years</sup>		Months <u>—</u> Days <u>1</u>	
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Cumberland Md</u>	
Occupation <u>Infant</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>unknown</u>		Father's Birthplace <u>—</u>			
Mother's Maiden Name <u>Annie Robinson</u>		Mother's Birthplace <u>Cumberland</u>			
Name of person giving information <u>Annie Morris</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>unknown (Still born)</u>	How long	<u>—</u>
Immediate	<u>unknown (6 months)</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>R. J. Duke</u>	
<u>CM</u>		Address <u>Cumberland Md</u>	
Accident or Suicide? <u>—</u>			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Marion Murdoch*

Town

County

MARYLAND

Died at

*Lonaconing*

Age

Years

Months

Days

Date

of death

Month

Day

Age

Years

Months

Days

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*Brooklyn N. Y.*

Occupation

*Housework*

Where Residing if not  
at place of death

\_\_\_\_\_

Married, Single  
or Widowed

*Single*

Name of Wife or  
Husband

\_\_\_\_\_

Father's  
Name

*George Murdoch*

Father's  
Birthplace

*Scotland*

Mother's  
Maiden Name

*Mary Kier*

Mother's  
Birthplace

*Scotland*

Name of person giving  
In formation

*Andrew Anderson*

How related  
to deceased

*Step. Father*

CAUSES OF DEATH

Primary

*Epilepsy*

*(69)*

How long

*15 years*

Immediate

*Epilepsy*

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

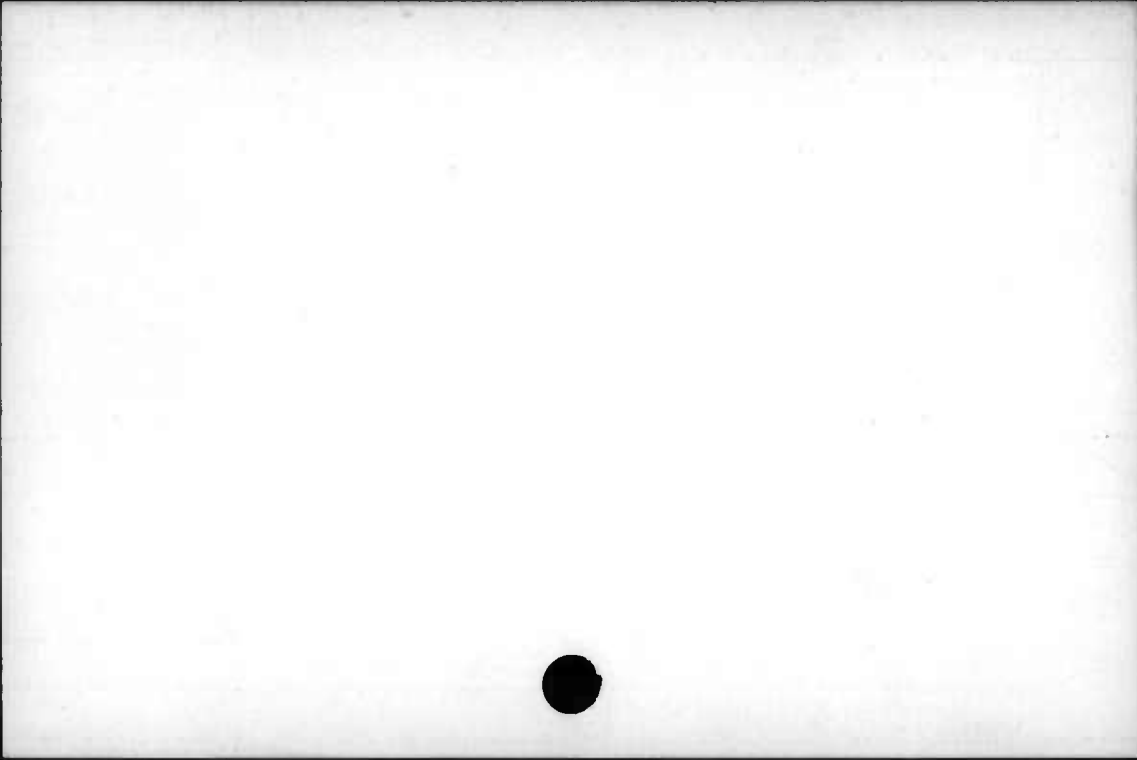
Signature of  
Physician

*Henry M. Hodgson*

Address

*Lonaconing, Ind.*

Accident or Suicide?



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

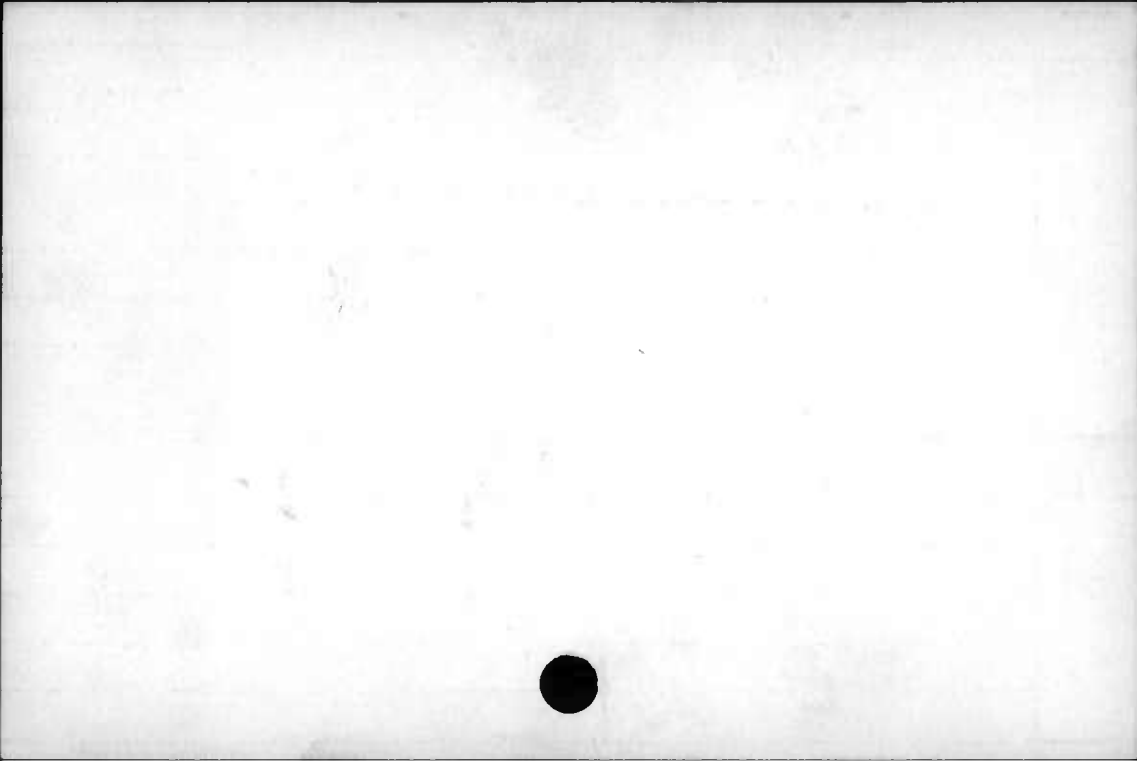
Name in Full <i>Miss Viola J. Noriston</i>		Town <i>Cumberland</i>		County <i>allgaray</i>		State <i>MARYLAND</i>	
Died at <i>Cumberland</i>		Month <i>July</i>		Day <i>14</i>		Years <i>8</i>	
Date of death <i>1907</i>		Age <i>6</i>		Months <i>8</i>		Days <i>6</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Cumberland</i>			
Occupation		Where Residing if not at place of death <i>Cumberland</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Richard H. Noriston</i>					
Father's Name <i>Richard H. Noriston</i>		Father's Birthplace <i>Edwinstown, Va</i>					
Mother's Maiden Name <i>Lillis H. Evinis</i>		Mother's Birthplace <i>Cumberland</i>					
Name of person giving information <i>Richard H. Noriston</i>		How related to deceased <i>son</i>					

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Ill's Colic</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. D. Lanklin</i>
	Address <i>Cumberland, Md</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

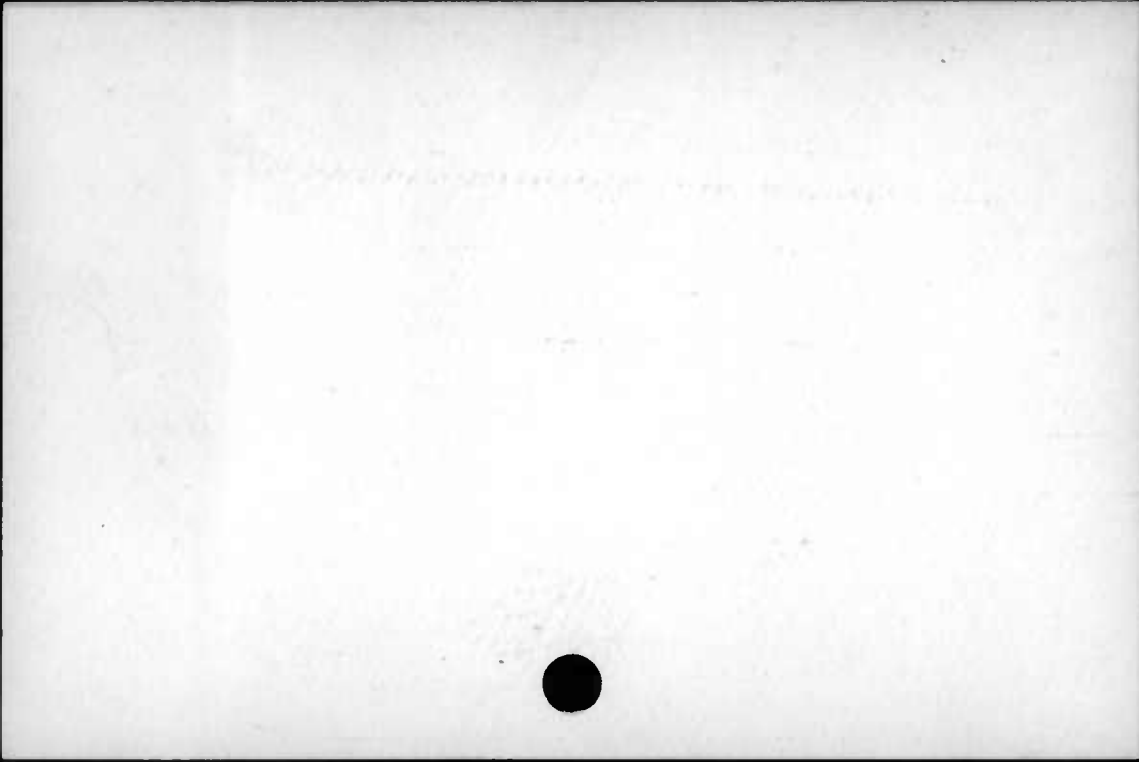
Died at <b>Eckhart</b> Tcwn		<b>Allegany</b> County		MARYLAND	
Date of death <b>1901</b>	Month <b>7</b>	Day <b>22</b>	Age <b>1</b>	Years <b>1</b>	Months <b>3</b> Days <b>22</b>
Sex <b>Female</b>	Color or Race <b>W</b>		Birth-place <b>Wd</b>		
Occupation <b>Wd</b>		Where Residing if not at place of death <b>Wd</b>			
Married, Single or Widowed <b>single</b>	Name of Wife or Husband <b>Jos. Brendorf</b>				
Father's Name <b>Jos. Brendorf</b>	Father's Birthplace <b>Wd</b>		Mother's Birthplace <b>Wd</b>		
Mother's Maiden Name <b>May Allen Cook</b>	Name of person giving information <b>Aunt Ruby</b>		How related to deceased <b>Sister</b>		

## CAUSES OF DEATH

⑨

PHYSICIAN  
OR CORONER

Primary <b>Dysentery</b>	How long <b>10 days</b>
Immediate <b>Exhaustion</b>	How long <b>immediate</b>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>Jos. C. Holdrege</b>
	Address <b>Eckhart Wd.</b>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

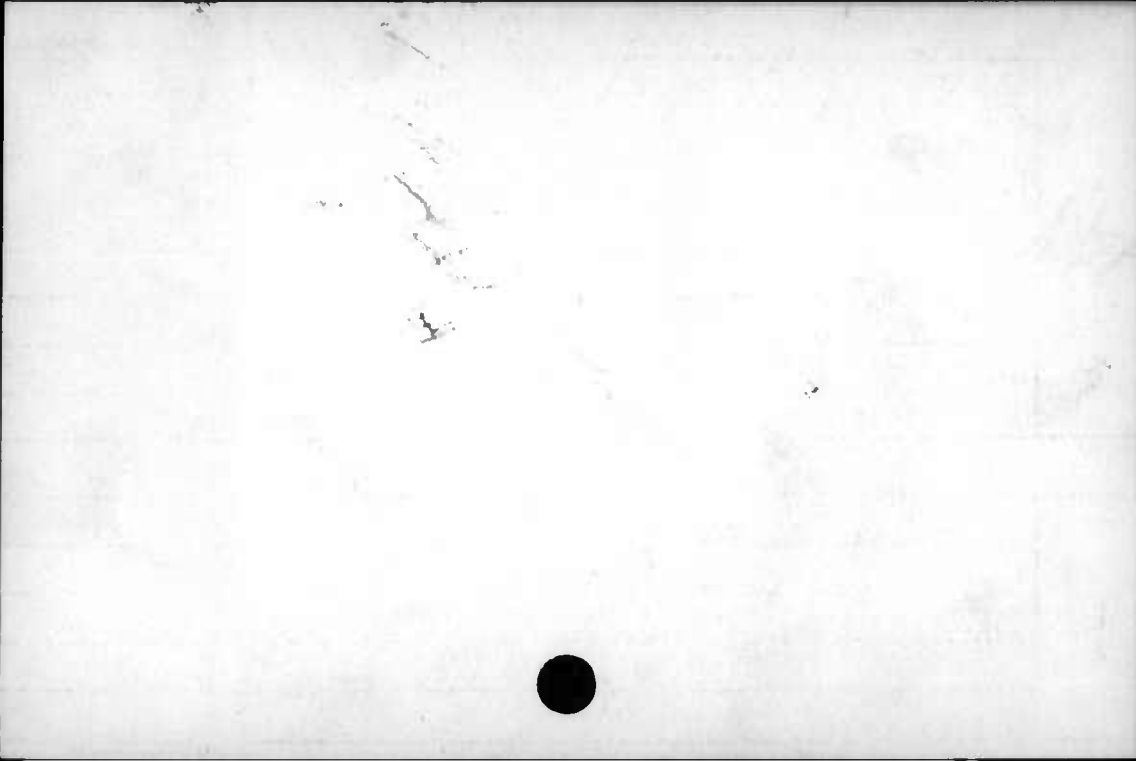
Died at <i>Cumberland</i> <sup>Town</sup>		<i>allgheny</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>15</i>	Age <i>54</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>W. Va.</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or <del>Widowed</del>		Name of Wife or Husband <i>Leontine</i>			
Father's Name <i>Leontine</i>		Father's Birthplace <i>Leontine</i>			
Mother's Maiden Name <i>Leontine</i>		Mother's Birthplace <i>Leontine</i>			
Name of person giving information <i>Frank Otto</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

140

PHYSICIAN  
OR CORONER

Primary <i>Cancer of Stomach</i>	How long <i>6 years</i>
Immediate <i>II Hematemesis</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. S. Claybrook</i>
	Address <i>Cumberland Md</i>
Accident or Suicide?	



Name  
is  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

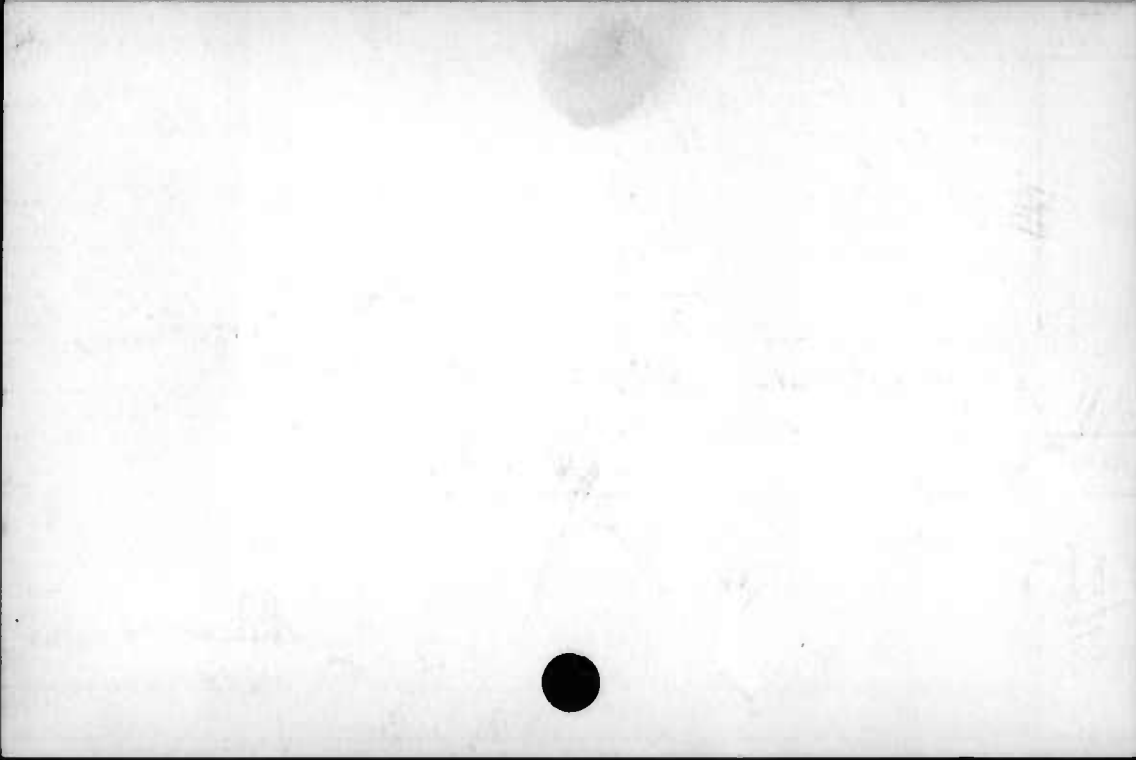
Died at <i>Cumt</i> Town		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>7</i>	Day <i>11</i>	Age <i>4</i> Years	Months <i>11</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cumt</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Frank Otto</i>			Father's Birthplace <i>Washington Co</i>		
Mother's Maiden Name <i>Bessa Wilson</i>			Mother's Birthplace <i>Rich. Ind</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

(61)

PHYSICIAN  
OR CORONER

Primary <i>Acute meningitis</i>	How long <i>4 wks</i>
Immediate <i>Spinal meningitis</i>	How long <i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C L Owens M D</i>
	Address <i>98 Wa Ave Cumberland Ind</i>
Accident or Suicide?	



Name  
in  
Full

Louise Parrish

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

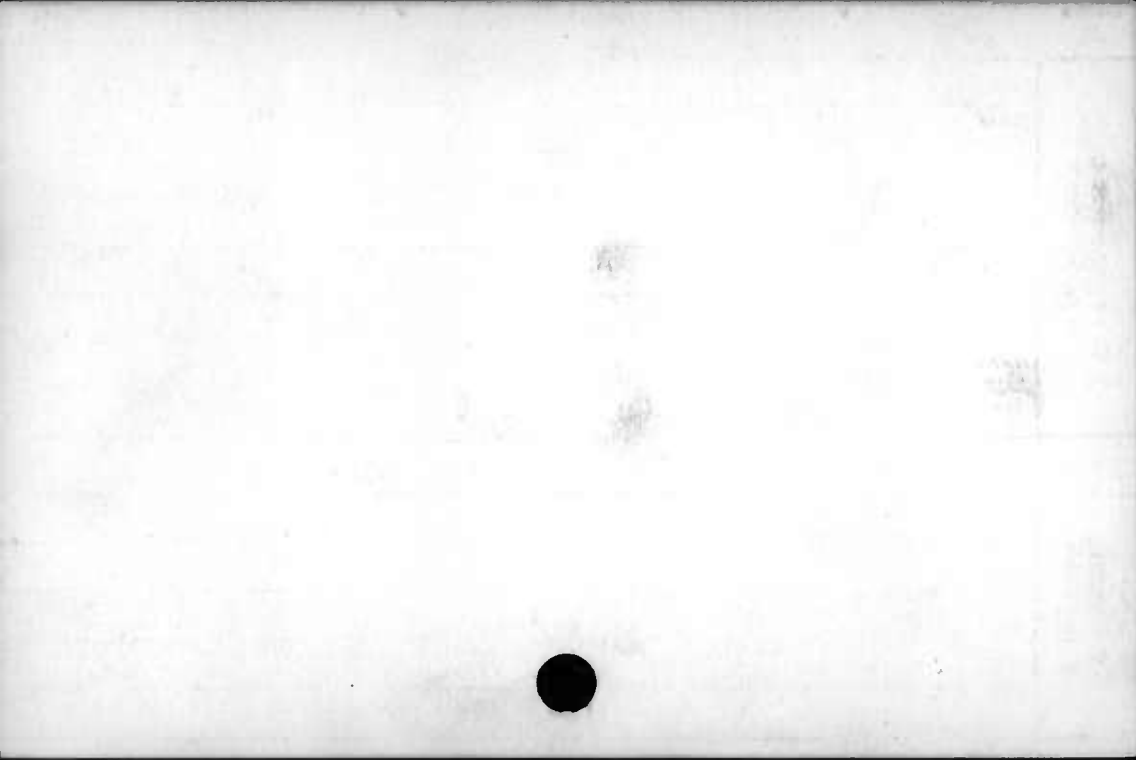
Died at <u>Cumberland</u> <sup>Town</sup>		<u>Allegany</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	<u>July</u> <sup>Month</sup>	<u>21</u> <sup>Day</sup>	Age <u>46</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Clearspring Md</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Thos. Parris</u>			
Father's Name <u>Nathan Burke</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Sarah Pierce</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving information <u>Louise Burgee</u>			How related to deceased <u>—</u>		

## CAUSES OF DEATH

43

PHYSICIAN  
OR CORONER

Primary <u>Cancer of breast</u>	How long <u>1 yr.</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Stearns H. H. H. H.</u>
	Address <u>613 N. Mechanic St.</u>
Accident or Suicide? <u>—</u>	





Name  
in  
Full

George Franklin Potts

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Boleans</u> Town		<u>Alligany</u> County		MARYLAND	
Date of death	1907	Month	July	Day	10
Age	27	Years	3	Months	25
Sex	Male	Color or Race	White	Birth-place	Boleans
Occupation	Watchman		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Jonas W. Potts			Father's Birthplace	Redford Co, Pa
Mother's Maiden Name	Magdalene Potts			Mother's Birthplace	Boleans
Name of person giving information	Ella Ashkettle			How related to deceased	None

## CAUSES OF DEATH

Primary

Lightning (171) Copy to Dr. Jones

How long

Immediate

Yes

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of

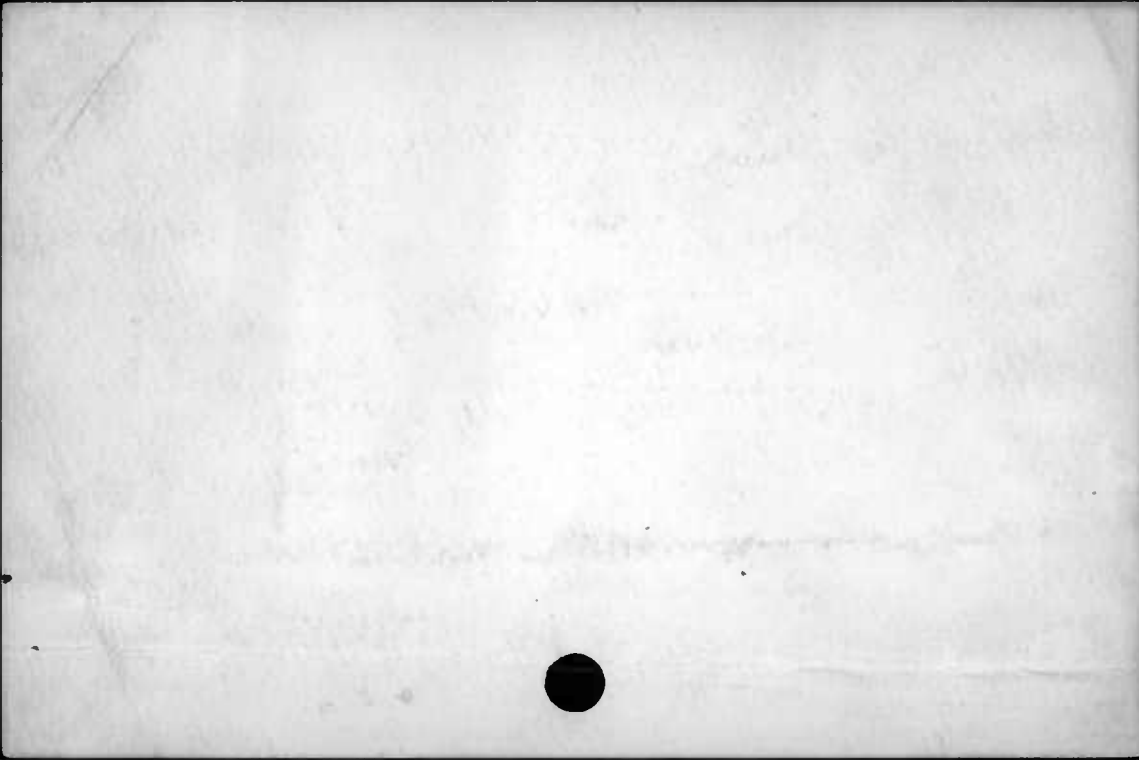
Address

Riley H. Gouker Jr.  
 Little Orleans, Md.  
 Riley H. Gouker Jr.

Accident or Suicide?

Accident

PHYSICIAN  
OR CORONER



Name  
in  
Full

Wilhemina C Reuth

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

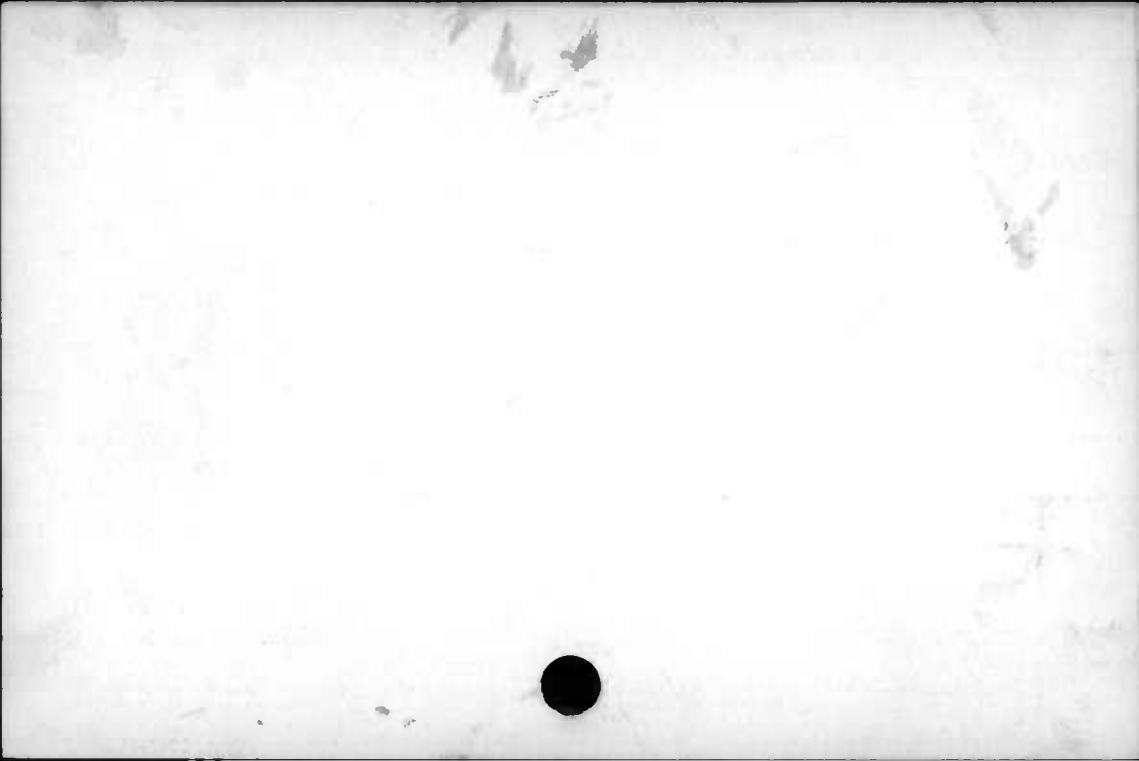
Died at <i>Crown</i>		Town		County		Allu		MARYLAND	
Date of death	1907	Month	July	Day	1	Age	Years	Months	11
Sex	Female	Color or Race	White	Birth-place	Ma				
Occupation	none		Where Residing if not at place of death						
Married, Single or Widowed	Single		Name of Wife or Husband						
Father's Name	Neal C Reith				Father's Birthplace	Md			
Mother's Maiden Name	Mary Miller				Mother's Birthplace	Pa			
Name of person giving information	Neal C Reith				How related to deceased	Father			

## CAUSES OF DEATH

(116)

PHYSICIAN  
OR CORONER

Primary	<i>Peritonitis (acute)</i>	How long	<i>10 days</i>
Immediate	<i>Escheweria</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. H. Wilson</i>
Address	<i>Wilson</i>		<i>Wilson</i>
Accident or Suicide?	<i>Yes</i>		<i>Wilson</i>



Name  
in  
Full

William H. Rice

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1907	Month	July	Day	31	Age	Years — Months 2 Days —
Sex	M.	Color or Race	White		Birth-place	Crumata	
Occupation	none			Where Residing if not at place of death —			
Married, Single or Widowed	Single		Name of Wife or Husband		none		
Father's Name	Wm. Rice				Father's Birthplace	Crumata	
Mother's Maiden Name	Alice Stern				Mother's Birthplace	Crumata	
Name of person giving information	Jacob Stern				How related to deceased	Brother Father	

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	2nd Enteric Colitis	How long	2 Mos
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Thos. W. Howard
		Address	Seaboard
Accident or Suicide?			no

Shincholt

901 Va. Ave.

Name  
in  
Full

Sophia. A. Richard

## CERTIFICATE OF DEATH

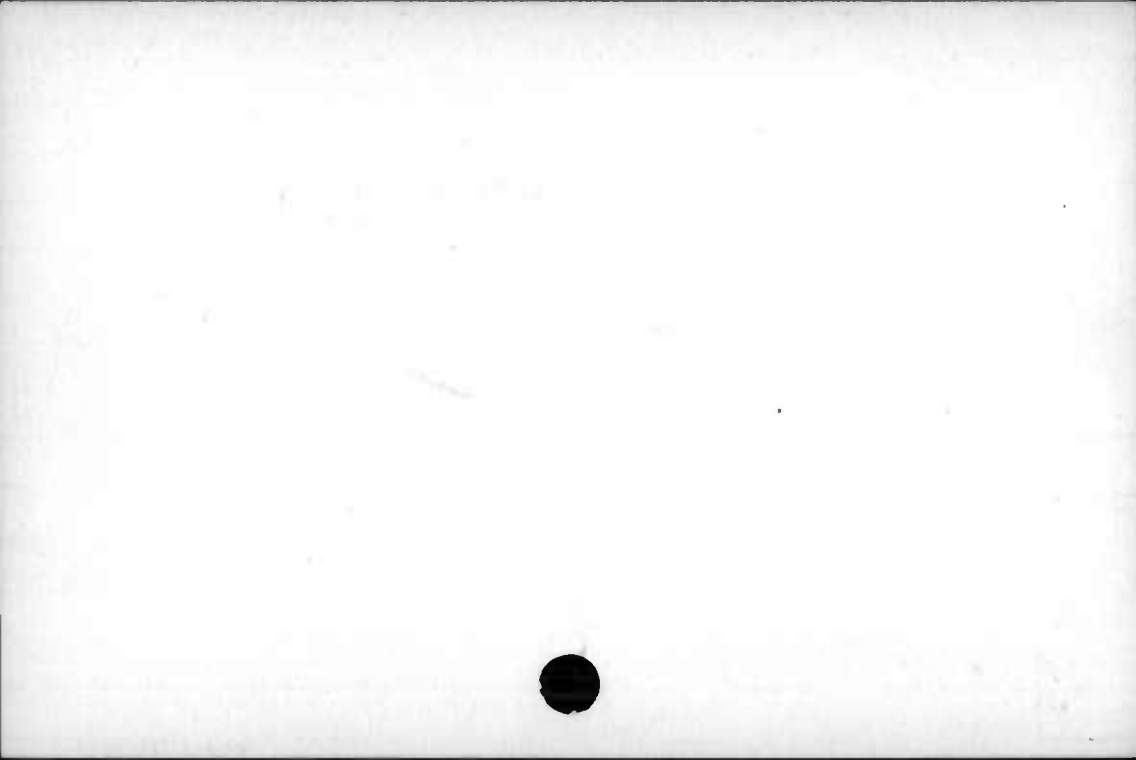
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bumtland</i>		Town <i>Allegany</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>2</i>	Age <i>41</i>	Years	Months <i>9</i>	Days <i>13</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Bumtland</i>				
Occupation <i>Wife</i>			Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Married</i>		Name of <del>Wife</del> or Husband <i>John W Richards</i>					
Father's Name <i>Christopher Dill</i>		<i>(Dead)</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Catherine Shilling</i>		<i>(Dead)</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>John W Richards</i>				How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gastritis</i>	How long <i>6 wks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Jas. T. Johnson</i>
<i>stems</i>	Address <i>6 Cumberland</i>
Accident or Suicide?	<i>MD</i>





Name  
in  
Full

Elizabeth Robinson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

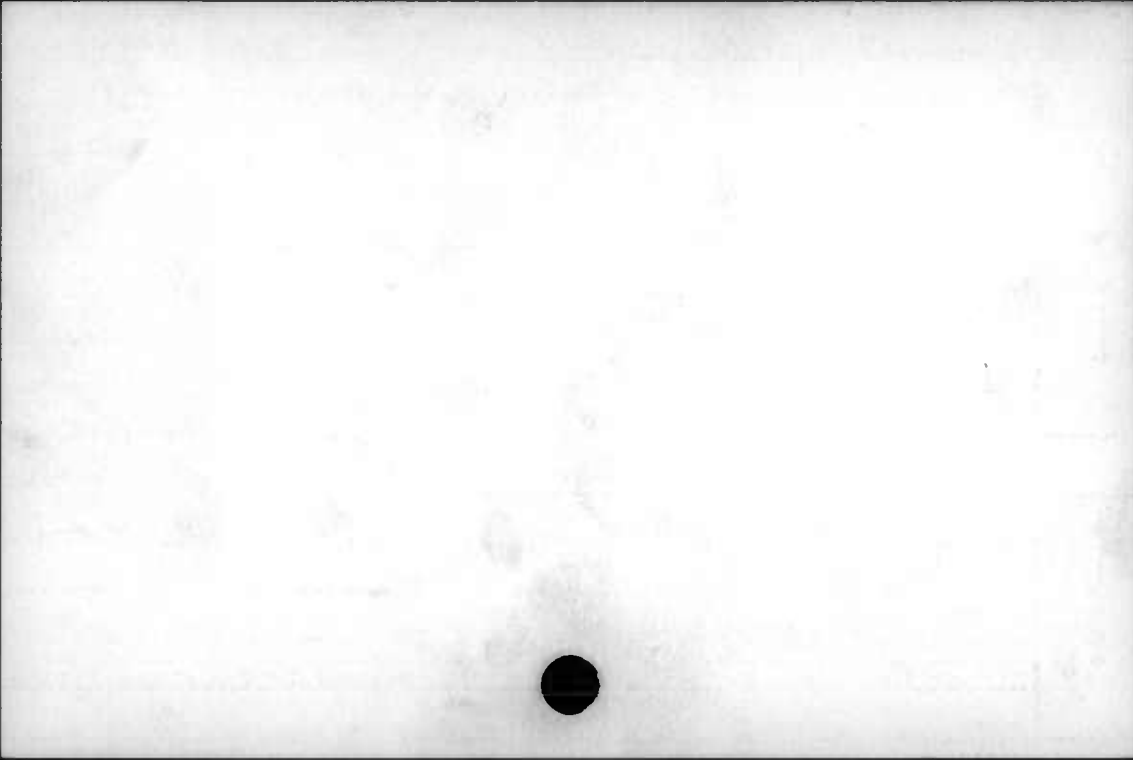
Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		7	7	74			
Sex	Female		Color or Race	Black		Birth-place	Cheswick
Occupation	House wife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	John Robinson			
Father's Name	Dennis Jones				Father's Birthplace	Cheswick	
Mother's Maiden Name	Linda Jones				Mother's Birthplace	" " "	
Name of person giving information	John Robinson				How related to deceased	Husband.	

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary	Cause of liver		How long	6 mos.
Immediate	hemorrhage		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Surgeon General, MD		
		Address		
		637 N. Mechanic St.		
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

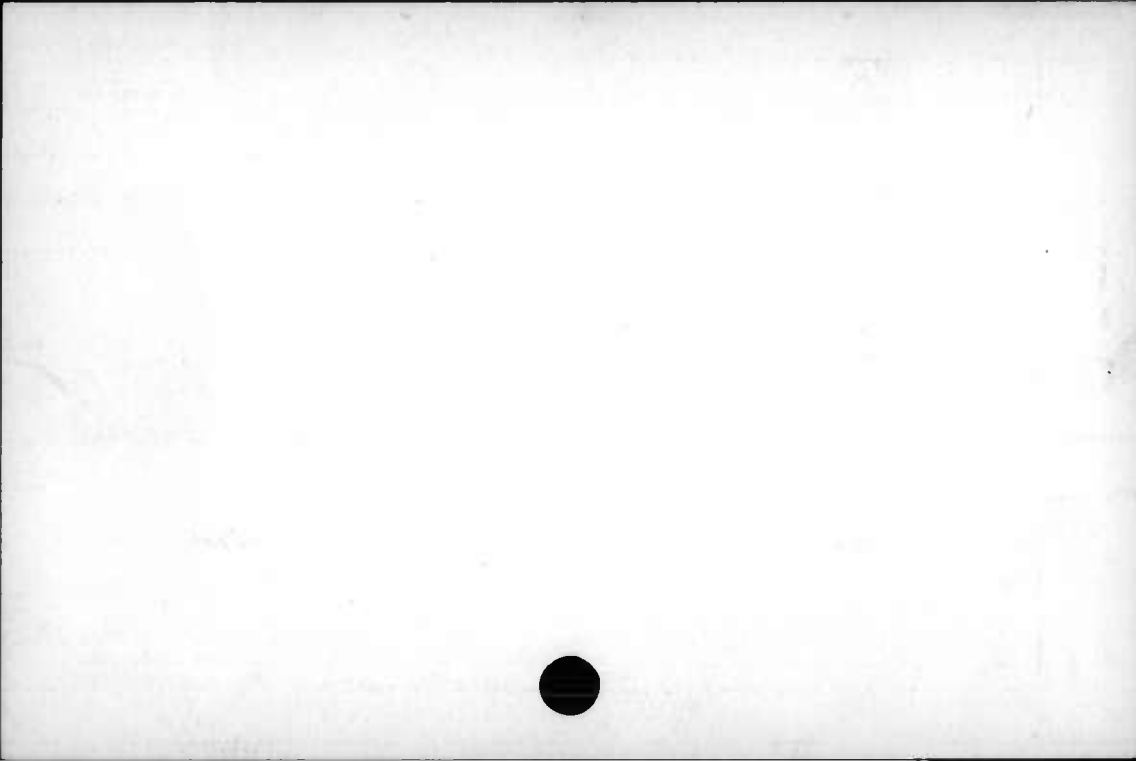
Died at		Town		County		MARYLAND	
Date of death	1907	Month	July	Day	22	Age	7 1/2
Sex	Male	Color or Race	White	Birthplace	Germany		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Widowed			Name of Wife or Husband			
Margaret Foster							
Father's Name	John H. Schlund			Father's Birthplace			
Germany							
Mother's Maiden Name	Margaret Sheets			Mother's Birthplace			
Germany							
Name of person giving information	Rebecca Schlund			How related to deceased			
Daughter							

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long	Several years
Immediate	Hemorrhage	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. J. Dising	
Address		Cumberland, Md.	
Accident or Suicide?		No	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

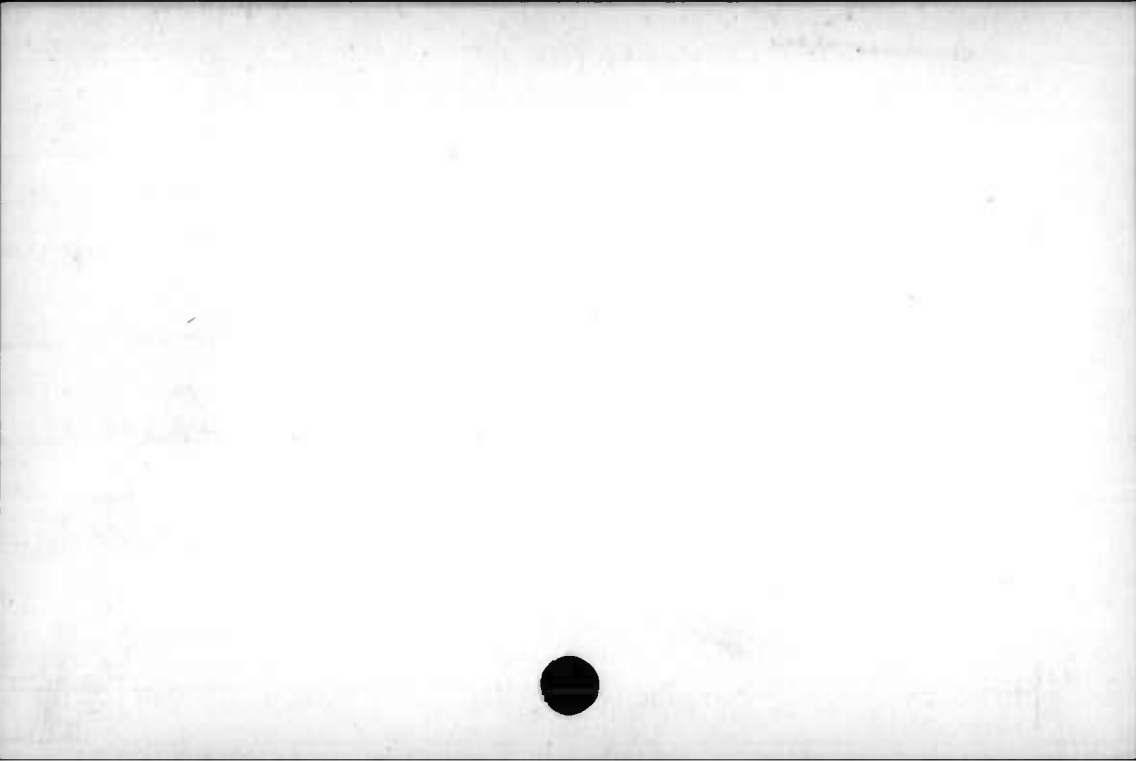
Died at <u>Emm</u> Town <u>Alle</u> County			
Date of death <u>1907</u>	Month <u>July</u>	Day <u>23</u>	Age <u>29</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>West Va</u>	Months <u>4</u> Days <u>20</u>
Occupation <u>housekeeper</u>	Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband		
Father's Name <u>Noah Shankoltzer</u>	Father's Birthplace <u>West Va</u>		
Mother's Maiden Name <u>Cristina Bodinger</u>	Mother's Birthplace <u>West Va</u>		
Name of person giving information <u>Noah Shankoltzer</u>	How related to deceased <u>Father</u>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <u>Pulmonary Consumption</u>	How long <u>18 months</u>
Immediate <u>Hemorrhage</u>	How long <u>20 days months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>H. W. Hodgson</u>
<u>Stew</u>	Address <u>Cumberland Md</u>
Accident or Suicide? <u>Frenchs N. Va.</u>	<u>Hodgson</u>



Name  
in  
FullCharles M. Smith  
~~Charles M. Smith~~

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

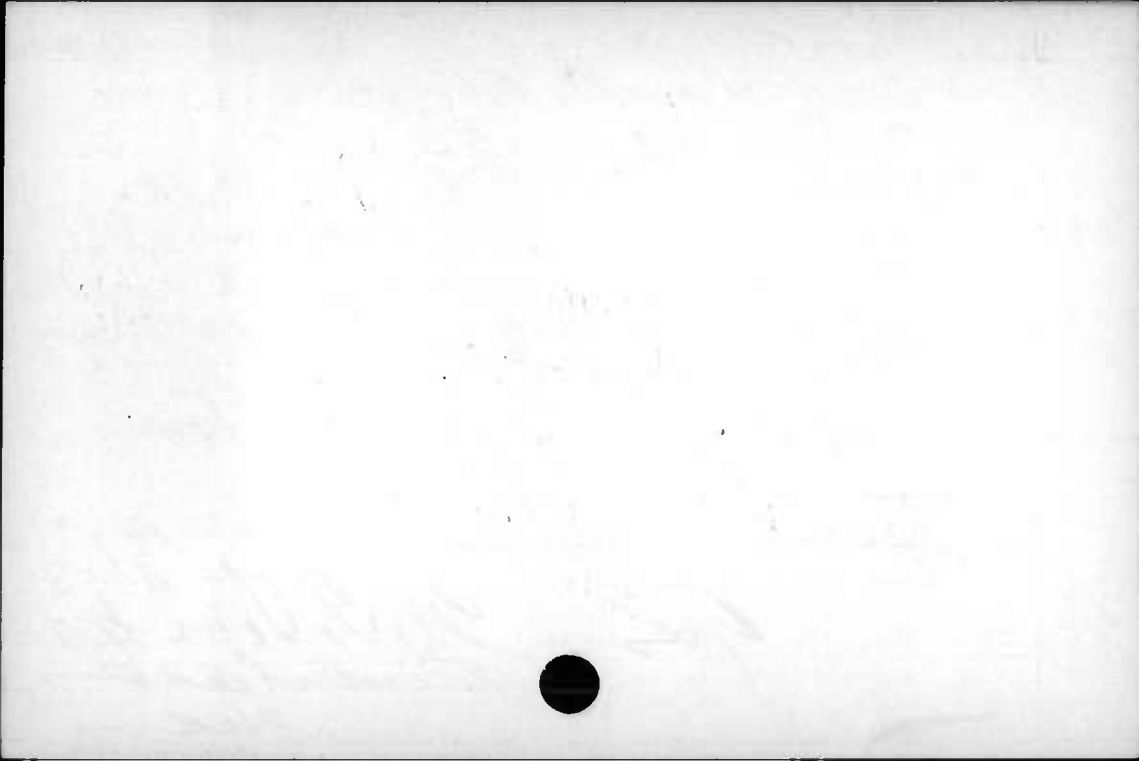
Died at <u>Cumberland</u> <sup>Town</sup>		<u>Alleghany</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u> <sup>Month</sup>	<u>July</u> <sup>Day</sup>	<u>18</u> <sup>Age</sup>	<u>27</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>Laborer</u>		Birth-place	<u>Keyser W. Va</u>	
Married, Single or Widowed	<u>Single</u>		Where Residing if not at place of death		
Father's Name	<u>James Smith</u>		Father's Birthplace	<u>W. Va.</u>	
Mother's Maiden Name	<u>Hannah Ruckman</u>		Mother's Birthplace	<u>W. Va.</u>	
Name of person giving information	<u>Henry Smith</u>		How related to deceased	<u>Brother</u>	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<u>Rheumatism</u>	How long	<u>2 wks</u>
Immediate	<u>Endocarditis</u>	How long	<u>2 wks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>C. L. Owens M.D.</u>
		Address	<u>Cumberland</u>
Accident or Suicide?			<u>no</u>





Name

in  
Full

## CERTIFICATE OF DEATH

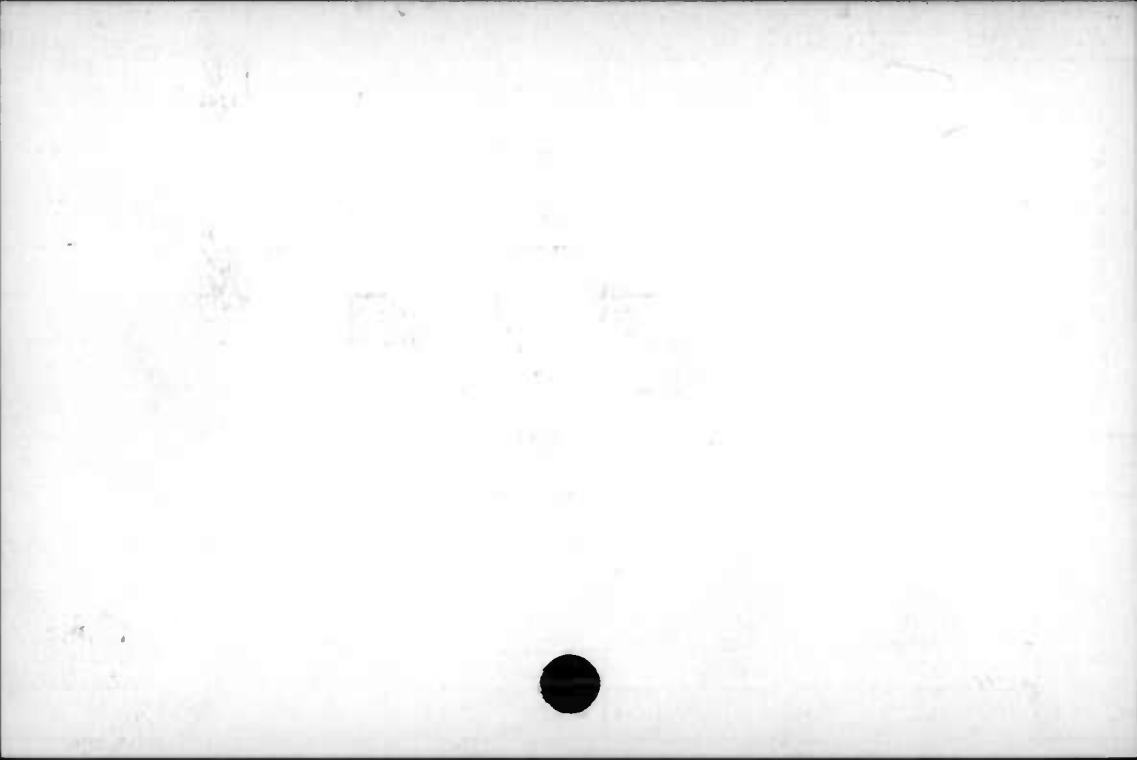
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		July	13	73	73	7	2
Sex	Color or Race		Birth-place				
Male	White		N.Y.C.				
Occupation	Where Residing if not at place of death						
Farmer	Magnolia N.Y.C.						
Married, Single or Widowed	Name of Wife or Husband						
Married	Elizabeth Smith						
Father's Name	Father's Birthplace						
John Sprigg	Doit Know						
Mother's Maiden Name	Mother's Birthplace						
Magnolia	N.Y.C.						
Name of person giving information	How related to deceased						
J. H. Sprigg Jr	Son						

## CAUSES OF DEATH

Primary	Exhaustion	How long	12 days
Immediate	Exhaustion	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. F. Turner	
Address		Tandulana	
Accident or Suicide?		me	

PHYSICIAN  
OR CORONER



Name

in  
Full

Francis Swaine

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

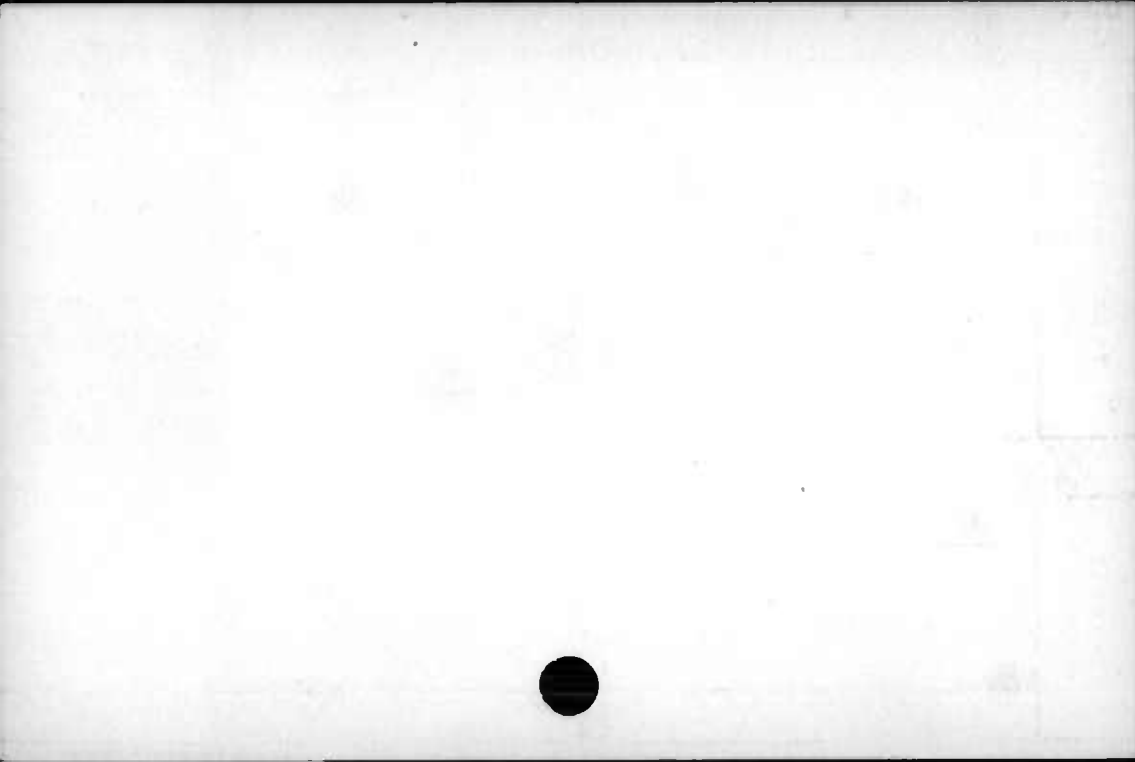
Died at <i>Int Savage</i> <sup>Town</sup>		<i>Allegany</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	July	Day	11
Age	29	Years		Months	5
Sex	Male	Color or Race	White	Birth-place	Int Savage Md
Occupation	Machineist		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband <i>Erinmie Shaffer</i>		
Father's Name	<i>John Swaine</i>		Father's Birthplace <i>Pa</i>		
Mother's Maiden Name	<i>Christina Herbst</i>		Mother's Birthplace <i>Md</i>		
Name of person giving information	<i>Henry Swaine</i>		How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

47

PHYSICIAN  
OR CORONER

Primary	<i>Rheumatic Endocarditis</i>	How long	<i>1 year</i>
Immediate	<i>Exhaustion of Heart</i>	How long	<i>4 wks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>F. Alan G. Murray</i>	
		Address	
		<i>Int Savage Md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

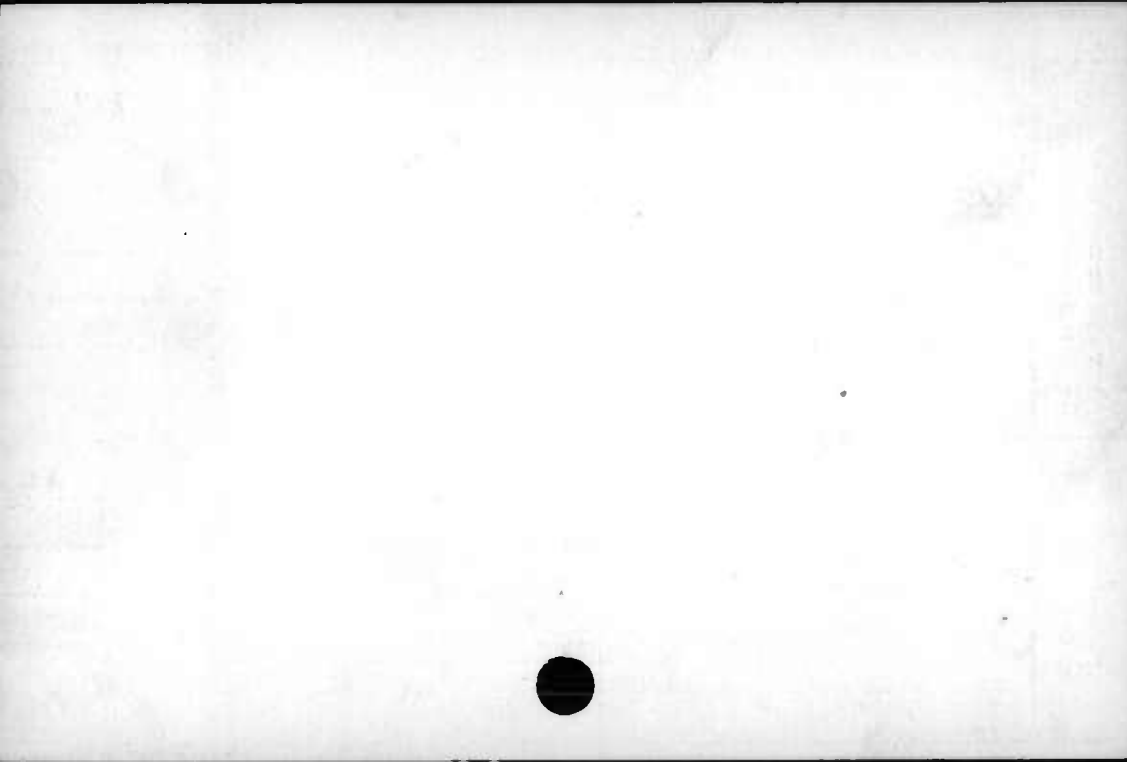
Name in Full <b>Kasana Taylor</b>		Town <b>Hammerhead</b>		County <b>Allegheny co</b>		MARYLAND	
Died at <b>Hammerhead</b>		Month <b>July</b>		Day <b>15</b>		Years <b>72</b>	
Date of death <b>1907</b>		Months <b>5</b>		Days <b>-</b>			
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Ireland</b>			
Occupation <b>Retired</b>		Where Residing if not at place of death					
Married Single or Widowed <b>Single</b>		Name of Wife or Husband <b>Henry Taylor</b>					
Father's Name <b>James Ferry</b>		Father's Birthplace <b>England</b>					
Mother's Maiden Name <b>Ann Brown</b>		Mother's Birthplace <b>England</b>					
Name of person giving Information <b>Mrs Mary H. Carr</b>		How related to deceased <b>Daughter</b>					

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary <b>Inflammation of Bowels</b>		How long <b>one week</b>	
Immediate <b>Exhaustion</b>		How long <b>few days</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>J. J. [Signature]</b>	
		Address <b>Hammerhead</b>	
Accident or Suicide? <b>-</b>			



Name  
in  
Full

George Frederick Tole

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

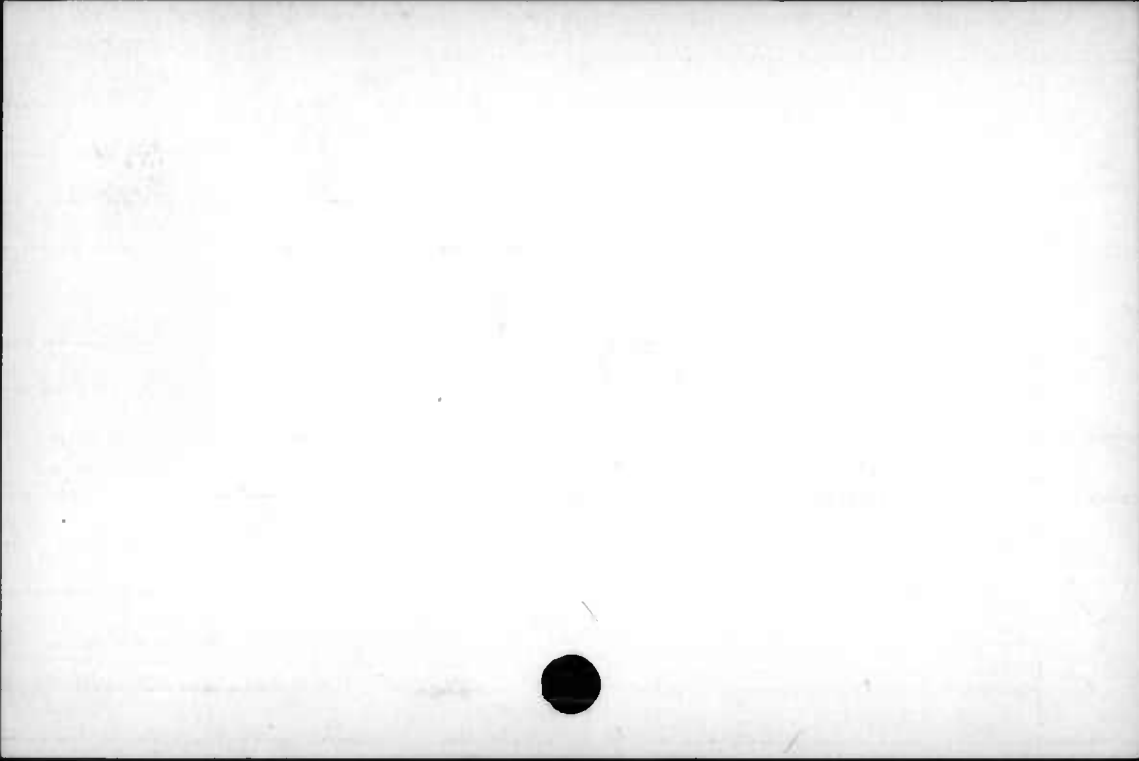
Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death		Month July	Day 26	Years 38	Months 2	Days 15	
Sex Male		Color or Race White		Birth- place England			
Occupation Laborer				Where Residing if not at place of death -			
Married, Single or Widowed		Married		Name of Wife or Husband Emma Tole			
Father's Name Wm Tole				Father's Birthplace England			
Mother's Maiden Name Do not know				Mother's Birthplace England			
Name of person giving In formation Emma Tole				How related to deceased Wife			

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary	Rail Mill accident By Being Struck by Fly Wheel	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes.		J. H. Martzborner
See in		Address Cumberland, Md.
Accident or Suicide?		





Name  
in  
Full

Richard Ryley. alias Richard Virty

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

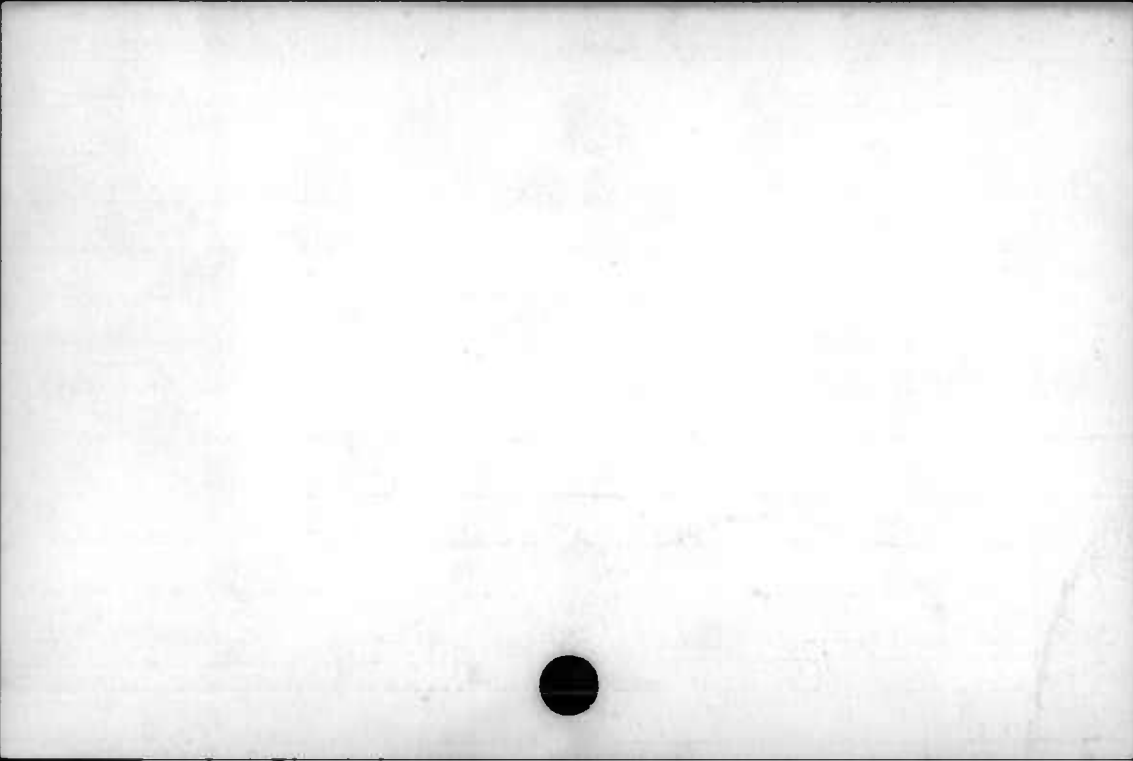
Died at <u>Crumland</u> <sup>Town</sup>		<u>A</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	<u>7</u> <sup>Month</sup>	<u>12</u> <sup>Day</sup>	<u>26 or 27</u> <sup>Years</sup>	<u>      </u> <sup>Months</sup>	<u>      </u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>      </u>			
Occupation <u>Labor</u>	Where Residing if not at place of death <u>Thomas St S. C.</u>				
Married, Single or <del>Widowed</del> <u>Single</u>	Name of Wife or Husband <u>      </u>				
Father's Name <u>Will Virty</u>	Father's Birthplace <u>Don't know</u>				
Mother's Maiden Name <u>Miss Ryley</u>	Mother's Birthplace <u>Don't know</u>				
Name of person giving information <u>Kanilt</u>	How related to deceased <u>Friend</u>				

CAUSES OF DEATH

(166)

PHYSICIAN  
OR CORONER

Primary <u>Both legs &amp; arm crushed by foot &amp; ribs cut head 2 1/2 in</u>	How long <u>      </u>
Immediate <u>Run over by railroad train Shock</u>	How long <u>11</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. B. Blaybrook M.D.</u>
	Address <u>Crumland Md</u>
Accident or Suicide? <u>Accident</u>	



Name  
in  
Full

Louis E. Gallman

## CERTIFICATE OF DEATH

Died at <i>Ellerslie</i> <sup>Town</sup>		<i>Allegheny</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>7</i>	Month <i>7</i>	Day <i>29</i>	Age Years	Months <i>10</i>	Days <i>23</i>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Ellerslie, Md</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>None</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>William L. Gallman</i>			Father's Birthplace <i>Charlesville, Pa</i>		
Mother's Maiden Name <i>Sue Luman</i>			Mother's Birthplace <i>Centerville, Pa</i>		
Name of person giving information <i>Wm L. Gallman</i>			How related to deceased <i>Father</i>		

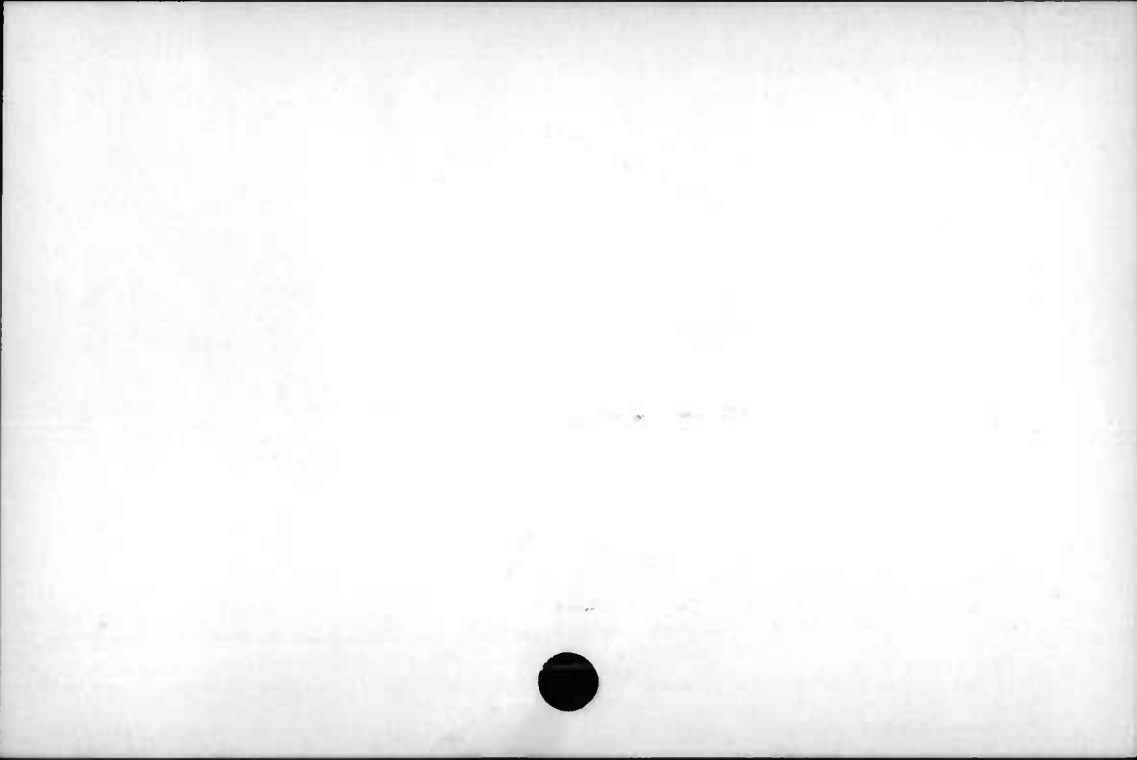
TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

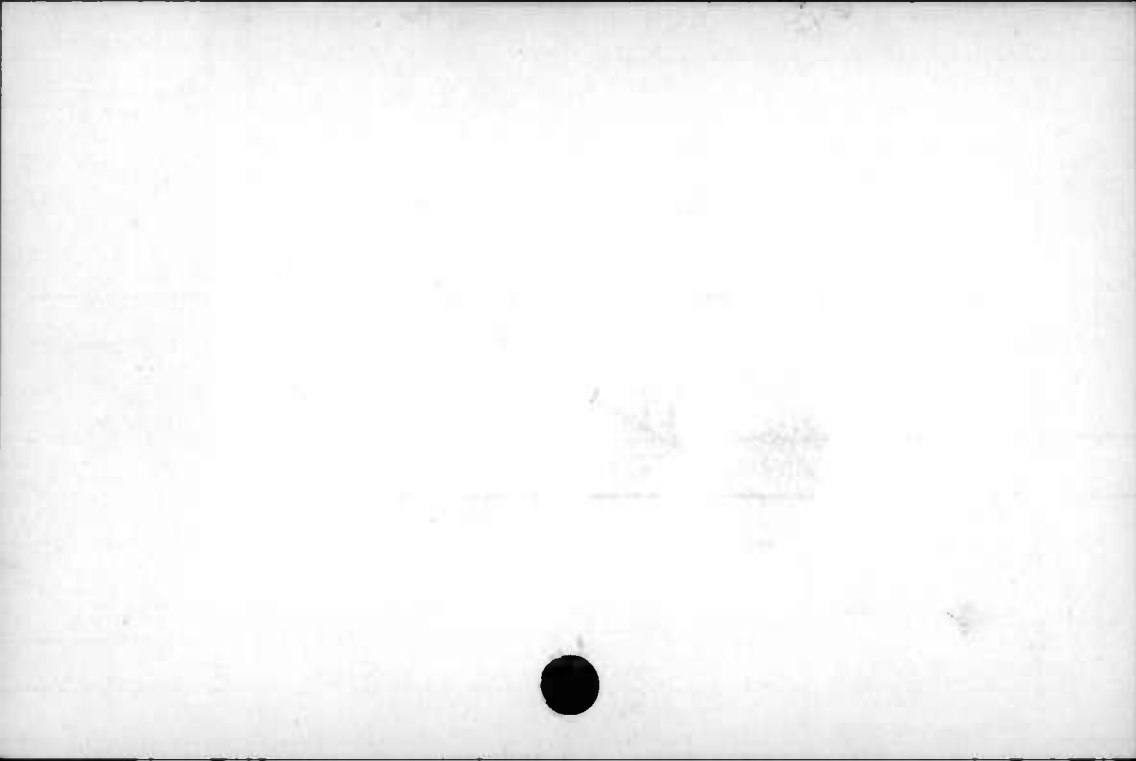
105

Primary <i>Cholera su. faetum</i>	How long <i>24 hours</i>
Immediate <i>spasms</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Earl Duvich</i>
	Address <i>Ellerslie Md</i>
Accident or Suicide?	

PHYSICIAN  
OR CORONER



Name in Full <b>Jacob Wendall Weismiller</b>		CERTIFICATE OF DEATH	
Died at <b>Near Cumberland</b> <sup>Town</sup> <b>Allegany</b> <sup>County</sup>		MARYLAND	
Date of death <b>1907</b> <sup>Month</sup> <b>July</b> <sup>Day</sup> <b>23</b> <sup>Age</sup> <b>—</b> <sup>Years</sup> <b>—</b> <sup>Months</sup> <b>7</b> <sup>Days</sup> <b>—</b>			
Sex <b>Male</b> Color or Race <b>White</b> Birth-place <b>Cumberland</b>			
Occupation <b>None</b> Where Residing if not at place of death <b>—</b>			
Married, Single or Widowed <b>Single</b> Name of Wife or Husband <b>None</b>			
Father's Name <b>Jacob Weismiller</b> Father's Birthplace <b>Cumld</b>			
Mother's Maiden Name <b>Ella Jyppe</b> Mother's Birthplace <b>"</b>			
Name of person giving information <b>Jacob Weismiller</b> How related to deceased <b>Father</b>			
CAUSES OF DEATH <b>(61)</b>			
Primary <b>Meningitis</b> How long <b>—</b>			
Immediate <b>Exhaustion</b> How long <b>—</b>			
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>James J. Johnson M.D.</b>	
Address <b>Cumberland, Md.</b>			
Accident or Suicide? <b>No</b>			



**TO BE ANSWERED BY  
NEAREST FRIEND**

### CERTIFICATE OF DEATH

County

## MARYLAND

Month

Age

Years

Months

Days

Color or Race

Colord

Birth-  
place

Westra

Married, Single  
or Widowed

Aniale

Name of Wife or  
Husband

Where Residing if not  
at place of death

Father's  
Name

Lewis Willis

Father's Birthplace

Nest ra

Mother's  
Maiden Name

Mand Wecker

Mother's Birthplace

West 20

Name of person giving  
In formation

Matthew Willis

How related  
to deceased

Sister

### CAUSES OF DEATH

### Primary

2  
Tuberculosis

27

How long

Plants, Trees

Immediate

Exhaustive

Are the name, age, sex, color, date  
and place correctly given above?

Yes

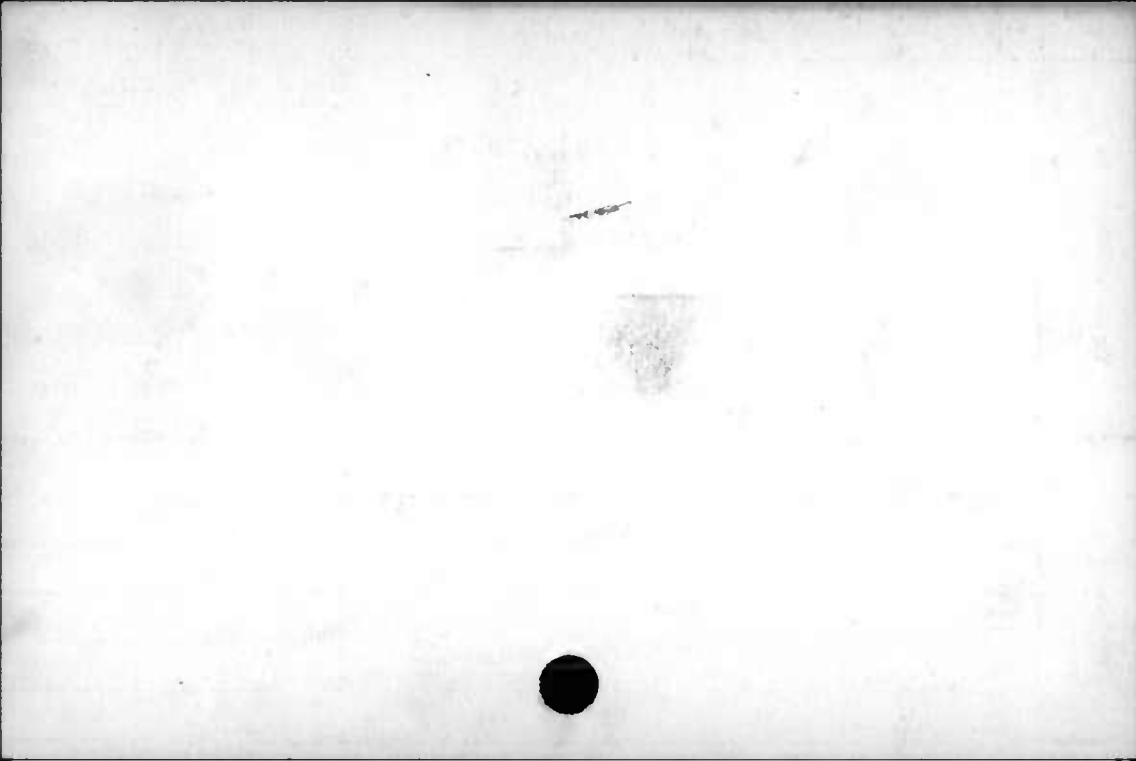
Signature of Physician

### Address

G. H. Hart, Coroner  
Cumbria  
Md

### Accident or Suicide?

~~Stein~~





Name  
In  
Full

Helen Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Sonoma</i>		County <i>Alameda</i>		MARYLAND	
Date of death		1907	Month <i>July</i>	Day <i>30</i>	Age <i>83</i>	Years <i>7</i>	Months <i>20</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Scotland</i>			
Occupation <i>none</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>William Wilson (deceased)</i>					
Father's Name <i>Archibald McFarlane</i>		Father's Birthplace <i>Scotland</i>					
Mother's Maiden Name <i>Mary Snedden</i>		Mother's Birthplace <i>Scotland</i>					
Name of person giving information <i>Mrs Campbell</i>		How related to deceased <i>Sister</i>					

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary	<i>Acute Bronchitis</i>	How long	<i>2 days</i>
Immediate	<i>Asphyxiated (Large Goitre)</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Geo. B. Bullock M.D.</i>	
		Address <i>Sonoma, Calif.</i>	
Accident or Suicide? <i>no</i>			



Name  
in  
Full

Robert Wilson

## CERTIFICATE OF DEATH

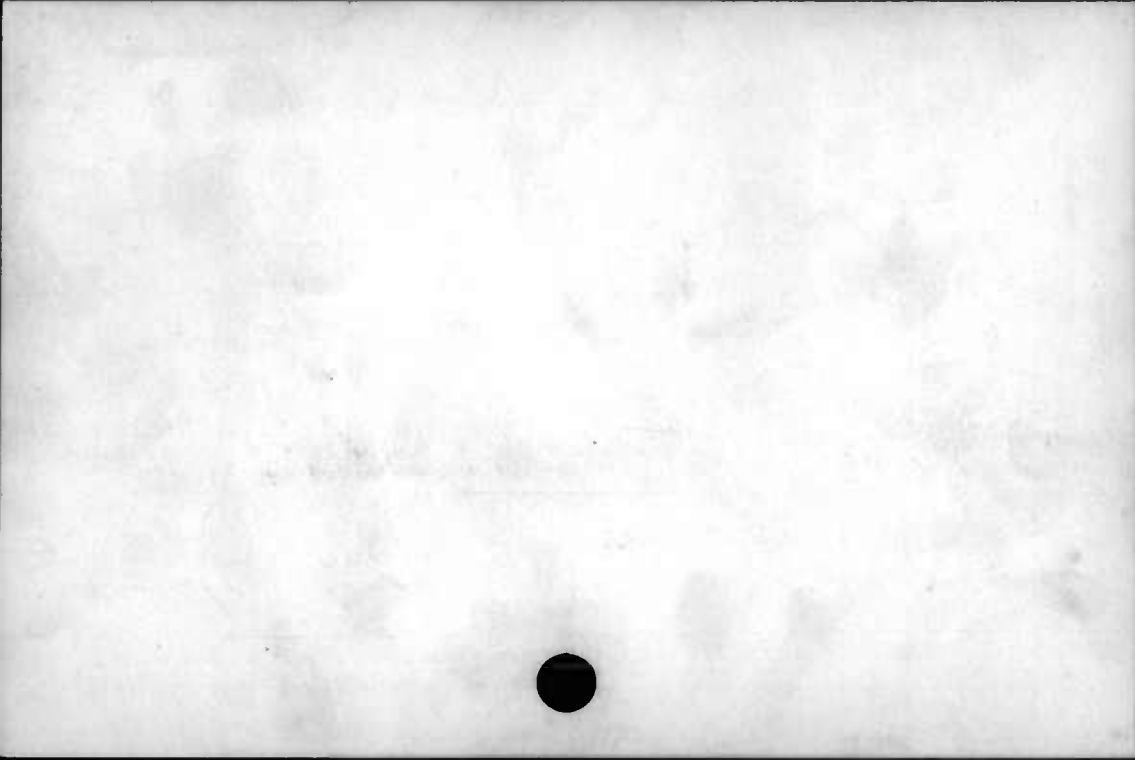
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Gilmore</u> <sup>Town</sup>		<u>allegany</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>7</u> <sup>Month</sup>	<u>July</u>	Day <u>31</u>	Age <u>19</u> <sup>Years</sup>	<u>8</u> <sup>Months</sup>	<u>    </u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth place <u>Windom Hill W. Va.</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>    </u>		
Name of Wife or Husband <u>    </u>					
Father's Name <u>Robert Wilson</u>			Father's Birthplace <u>Scotland</u>		
Mother's Maiden Name <u>Elizabeth Hatherley</u>			Mother's Birthplace <u>England</u>		
Name of person giving information <u>Robert Wilson</u>			How related to deceased <u>Father</u>		

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

Primary <u>Typhoid Fever</u>	How long <u>10 days</u>
Immediate <u>Typhoid Fever</u>	How long <u>10 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>F. P. O'Neil</u>
	Address <u>Midland, Md.</u>
Accident or Suicide? <u>    </u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>George Winfield</i>		Town <i>Allegany</i>		County <i>Allegany</i>		MARYLAND	
Died at <i>Allegany</i>		Month <i>July</i>		Day <i>15</i>		Age <i>Two</i> Months <i>13</i> Days	
Date of death <i>1907</i>		Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Allegany</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Abraham Winfield</i>				Father's Birthplace <i>M. Savage Md</i>			
Mother's Maiden Name <i>Mamie Brownson</i>				Mother's Birthplace <i>Allegany "</i>			
Name of person giving information <i>George Winfield Jr</i>				How related to deceased <i>Grandfather</i>			
CAUSES OF DEATH <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">151</span>							

PHYSICIAN  
OR CORONER

Primary <i>Immaturity</i>		How long <i>since birth</i>	
Immediate <i>Heart failure</i>		How long <i>" "</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>G. L. Livingston for Dr. McLaughlin</i>	
<i>—</i>		Address <i>Frostburg, Md.</i>	
Accident or Suicide? <i>—</i>		<i>—</i>	

ally

77

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Henry Wolf</b>		Town <b>Burn</b>		County <b>Alle</b>		State <b>MARYLAND</b>	
Died at <b>Burn</b>		Month <b>July</b>		Day <b>10</b>		Age <b>57</b>	
Date of death <b>1907</b>		Month <b>July</b>		Day <b>10</b>		Age <b>57</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Md</b>			
Occupation <b>none</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband					
Father's Name <b>Fred Wolf</b>		Father's Birthplace <b>Germany</b>					
Mother's Maiden Name <b>Catherine Schaidt</b>		Mother's Birthplace <b>Md</b>					
Name of person giving information <b>Henry Wolf</b>		How related to deceased <b>Father</b>					

## CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

Primary **Intestinal Obstruction** How long **1 day**

Immediate **Heart failure** How long

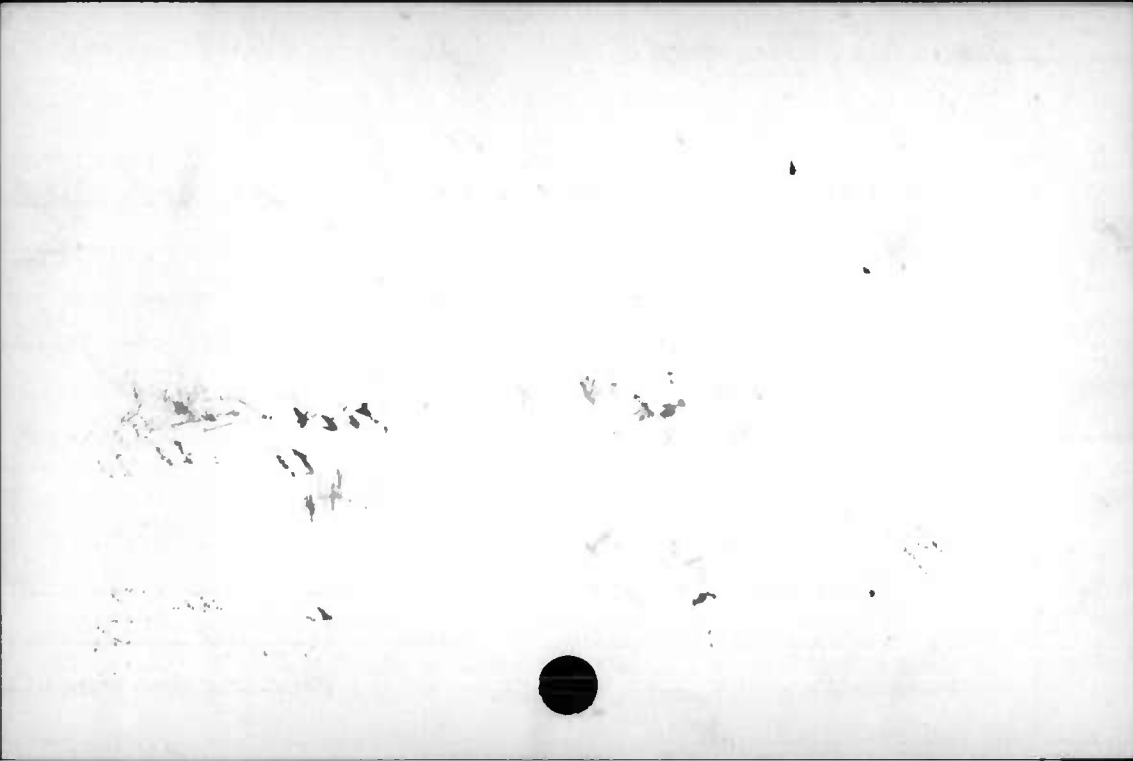
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

LOUIS STEIN.

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Rebecca Guann</i>		Town <i>Cumtland</i>		County <i>Allegany</i>		MARYLAND	
Died at <i>Cumtland</i>		Month <i>July</i>		Day <i>21</i>		Years <i>34</i>	
Date of death <i>1907</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Va</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Husband <i>Benjamin Guann</i>					
Father's Name <i>James Williams</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Mary Johnson</i>		Mother's Birthplace <i>Va</i>					
Name of person giving information <i>Mary Williams</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

(142)

Primary <i>Cancer of uterus</i>	How long <i>18 mos.</i>
Immediate <i>hemorrhage</i>	How long <i>1 mos.</i>

Are the name, age, sex, color, date and place correctly given above?

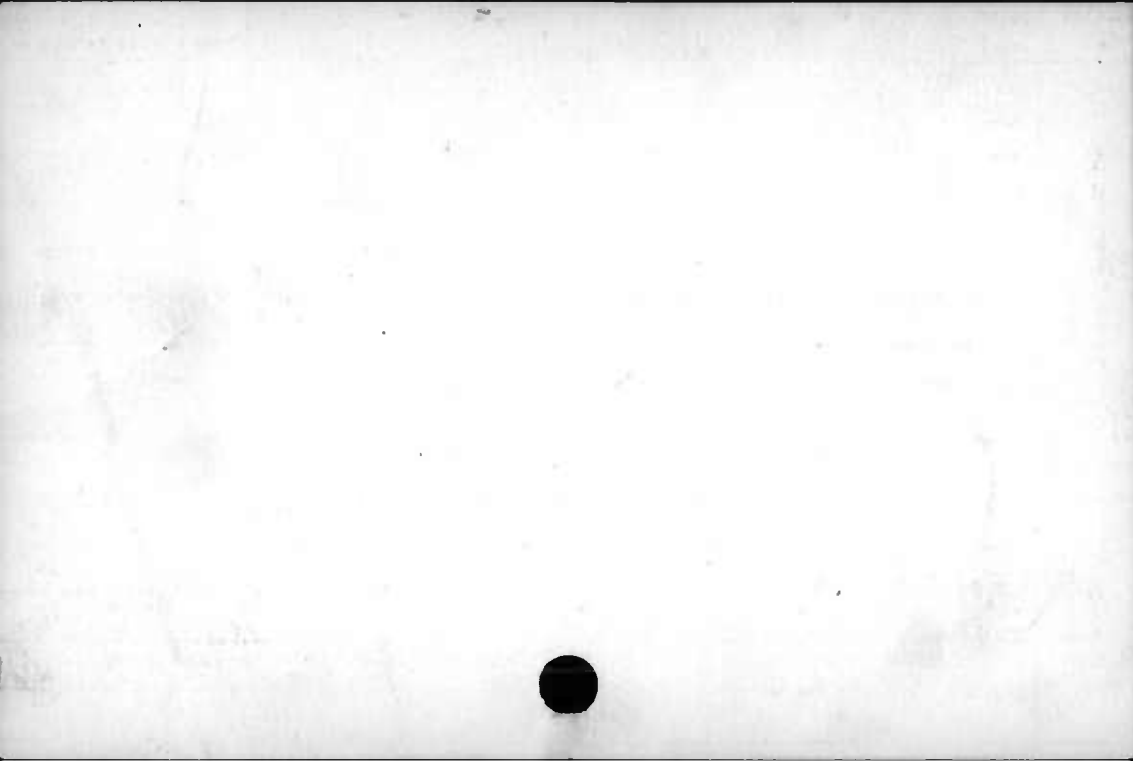
*yes*

Signature of Physician

Address

*Shunziandand mid*  
*63 N. Main Street*  
*Sparks*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Silas Francis* Town *Union* County *Frederick*Died at *near* Date of death *1907* Month *July* Day *28* Age *50* Months *—* Days *—*Sex *Male* Color or Race *White* Birth-place *West Virginia*Occupation *Laborer* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of Wife or Husband *Anna*Father's Name *unknown* Father's Birthplace *—*Mother's Maiden Name *unknown* Mother's Birthplace *—*Name of person giving information *W. H. Harrison* How related to deceased *Nephew*

## CAUSES OF DEATH

179

Primary *Found on Hay Stack Mountain Road* How long *unknown*Immediate *don't know* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide? *don't know*

